## **EXHIBIT 2E**

## EXHIBIT

E

```
1
 2
                                     :SUPERIOR COURT OF
                                     :NEW JERSEY
 3
      IN RE:
                                     :LAW DIVISION -
                                     :ATLANTIC COUNTY
      PELVIC MESH/GYNECARE
 4
      LITIGATION
                                     :MASTER CASE 6341-10
 5
                                     :CASE NO. 291 CT
       CONFIDENTIAL-SUBJECT TO STIPULATION AND ORDER OF
 6
                       CONFIDENTIALITY
 8
 9
                       October 23, 2012
10
11
                    Transcript of the continued
12
     deposition of PROF. DR. MED. UWE KLINGE, called for
13
     Videotaped Examination in the above-captioned
14
     matter, said deposition taken pursuant to Superior
15
     Court Rules of Practice and Procedure by and before
     Ann Marie Mitchell, a Federally Approved Certified
16
     Realtime Reporter, Registered Diplomate Reporter,
17
18
     Certified Court Reporter, and Notary Public for the
19
     State of New Jersey, at the Quellenhof Hotel,
20
     Monheimsallee 52 52062 Aachen, Germany, commencing
21
     at 9:04 a.m.
22
23
                   GOLKOW TECHNOLOGIES, INC.
                877.370.3377 ph 917.951.5672 fax
24
                       deps@golkow.com
25
```

	Page 275		Page 277
	APPEARANCES:	1	Klinge-17 Expert report of Prof. Dr. Thomas 349
2	ANDERSON LAW OFFICES, LLC		Muhl
3	BY: BENJAMIN HOUSTON ANDERSON, ESQUIRE	2	IZI: 10 A
4	1360 West 9th Street	3	Klinge-18 Article entitled "Biology of polypropylene/polyglactin 910 454
_	Suite 215		grafts"
5	Cleveland, Ohio 44113 (216) 592-8384	4	8.4.0
6	ben@andersonlawoffices.net		Klinge-19 PowerPoint entitled "Tissue 465
7	THE DESTAINOLAW FIDM	5	Reaction and Integration of
8	THE RESTAINO LAW FIRM BY: JOHN M. RESTAINO, DPM, MPH, ESQUIRE	6	Polypropylene-Based Surgical Mesh in Rats," Bates stamped
9	1550 Larimer Street, Suite 527		ETH.MESH.02319001
1.0	Denver, Colorado 80202 (720) 924-2006	7	21111112011102017001
10	jrestaino@restainolawfirm.com		Klinge-20 Article entitled "The Argument 468
11	Representing the Plaintiffs	8	for Lightweight Polypropylene
12	DITTIED SNOW O'MADA STEVENS & CANNADA DITC	9	Mesh in Hernia Repair"
13	BUTLER, SNOW, O'MARA, STEVENS & CANNADA, PLLC BY: MICHAEL L. BROWN, ESQUIRE		Klinge-21 Gynecare Prolift Instructions for 506
14	1020 Highland Colony Parkway	10	Use, Bates stamped
1 =	Suite 1400 Ridgeland Mississippi 30157		ETH.MESH.02341454 through
15	Ridgeland, Mississippi 39157 (601) 948-5711	11	ETH.MESH.02341459
16	michael.brown@butlersnow.com	12 13	
1 7	Representing Johnson & Johnson and Ethicon	14	
17 18		15	
	THOMAS COMBS & SPANN, PLLC	16	
19	BY: DAVID B. THOMAS, ESQUIRE 300 Summers Street	17	
20	Suite 1380	18 19	
	Charleston, West Virginia 25301	20	
21	dthomas@tcspllc.com Representing Johnson & Johnson and Ethicon	21	
22	Representing Johnson & Johnson and Educon	22	
23		23	
24 25		24	
	D 076		D 450
	Page 276		Page 278
1		1	
2	INDEX	2	DEPOSITION SUPPORT INDEX
4		3	
5	Testimony of:	4	
6	By Mr. Brown 281		
	5 36 4 4	5	Direction to Witness Not to Answer
7	By Mr. Anderson 516	6	Direction to Witness Not to Answer Page Line
7 8	By Mr. Anderson 516	6	
7 8 9	By Mr. Anderson 516  EXHIBITS	6 7 8	
8 9 10		6	Page Line
8 9 10 11	EXHIBITS	6 7 8 9	
8 9 10 11 12	EXHIBITS  OUT OF THE PROPERTY	6 7 8	Page Line  Request for Production of Documents
8 9 10 11 12 13	E X H I B I T S  NO. DESCRIPTION PAGE Klinge-12 Letter dated October 17, 2012 281	6 7 8 9	Page Line
8 9 10 11 12	EXHIBITS  OUT OF THE PROPERTY	6 7 8 9 10	Page Line  Request for Production of Documents
8 9 10 11 12 13 14	E X H I B I T S  E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic	6 7 8 9 10 11 12	Page Line  Request for Production of Documents
8 9 10 11 12 13 14	E X H I B I T S  E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic  Organ Prolapse," Bates stamped	6 7 8 9 10 11 12 13	Page Line  Request for Production of Documents
8 9 10 11 12 13 14 15	E X H I B I T S  E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic  Organ Prolapse," Bates stamped  ETH.MESH.00803713	6 7 8 9 10 11 12	Page Line  Request for Production of Documents  Page Line
8 9 10 11 12 13 14 15	E X H I B I T S  E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic  Organ Prolapse," Bates stamped  ETH.MESH.00803713  Klinge-14 Article entitled "The biology 297	6 7 8 9 10 11 12 13 14	Page Line  Request for Production of Documents
8 9 10 11 12 13 14 15	E X H I B I T S  E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic  Organ Prolapse," Bates stamped  ETH.MESH.00803713  Klinge-14 Article entitled "The biology 297  behind fascial defects and the	6 7 8 9 10 11 12 13	Page Line  Request for Production of Documents  Page Line  Stipulations
8 9 10 11 12 13 14 15	E X H I B I T S  E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic  Organ Prolapse," Bates stamped  ETH.MESH.00803713  Klinge-14 Article entitled "The biology 297	10 11 12 13 14	Page Line  Request for Production of Documents  Page Line
8 9 10 11 12 13 14 15 16 17	E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic  Organ Prolapse," Bates stamped  ETH.MESH.00803713  Klinge-14 Article entitled "The biology 297  behind fascial defects and the  use of implants in pelvic organ  prolapse repair"	10 11 12 13 14 15	Page Line  Request for Production of Documents  Page Line  Stipulations
8 9 10 11 12 13 14 15 16 17 18	E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic  Organ Prolapse," Bates stamped  ETH.MESH.00803713  Klinge-14 Article entitled "The biology 297  behind fascial defects and the  use of implants in pelvic organ  prolapse repair"  Klinge-15 Article entitled "Functional and 302	10 11 12 13 14 15 16 17	Page Line  Request for Production of Documents  Page Line  Stipulations
8 9 10 11 12 13 14 15 16 17 18	E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic  Organ Prolapse," Bates stamped  ETH.MESH.00803713  Klinge-14 Article entitled "The biology 297  behind fascial defects and the  use of implants in pelvic organ  prolapse repair"  Klinge-15 Article entitled "Functional and 302  Morphological Evaluation of a	10 11 12 13 14 15 16 17 18	Page Line  Request for Production of Documents  Page Line  Stipulations
8 9 10 11 12 13 14 15 16 17 18 19	E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic  Organ Prolapse," Bates stamped  ETH.MESH.00803713  Klinge-14 Article entitled "The biology 297  behind fascial defects and the  use of implants in pelvic organ  prolapse repair"  Klinge-15 Article entitled "Functional and 302	10 11 12 13 14 15 16 17	Page Line  Request for Production of Documents  Page Line  Stipulations  Page Line
8 9 10 11 12 13 14 15 16 17 18 19 20 21	E X H I B I T S  E X H I B I T S  DESCRIPTION PAGE  Klinge-12 Letter dated October 17, 2012 281  Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297  PS Nonabsorbable PROLENE* Soft  Mesh in the Treatment of Pelvic  Organ Prolapse," Bates stamped  ETH.MESH.00803713  Klinge-14 Article entitled "The biology 297  behind fascial defects and the  use of implants in pelvic organ  prolapse repair"  Klinge-15 Article entitled "Functional and 302  Morphological Evaluation of a  Low-Weight, Monofilament	10 11 12 13 14 15 16 17 18 19 20	Page Line  Request for Production of Documents  Page Line  Stipulations  Page Line  Question Marked
8 9 10 11 12 13 14 15 16 17 18 19 20 21	EXHIBITS  DESCRIPTION PAGE Klinge-12 Letter dated October 17, 2012 281 Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297 PS Nonabsorbable PROLENE* Soft Mesh in the Treatment of Pelvic Organ Prolapse," Bates stamped ETH.MESH.00803713 Klinge-14 Article entitled "The biology 297 behind fascial defects and the use of implants in pelvic organ prolapse repair"  Klinge-15 Article entitled "Functional and 302 Morphological Evaluation of a Low-Weight, Monofilament Polypropylene Mesh for Hernia Repair"	10 11 12 13 14 15 16 17 18 19	Page Line  Request for Production of Documents  Page Line  Stipulations  Page Line
8 9 10 11 12 13 14 15 16 17 18 19 20 21	EXHIBITS  DESCRIPTION PAGE Klinge-12 Letter dated October 17, 2012 281 Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297 PS Nonabsorbable PROLENE* Soft Mesh in the Treatment of Pelvic Organ Prolapse," Bates stamped ETH.MESH.00803713 Klinge-14 Article entitled "The biology 297 behind fascial defects and the use of implants in pelvic organ prolapse repair"  Klinge-15 Article entitled "Functional and 302 Morphological Evaluation of a Low-Weight, Monofilament Polypropylene Mesh for Hernia Repair"  Klinge-16 Article entitled "New Objective 347	10 11 12 13 14 15 16 17 18 19 20 21 22	Page Line  Request for Production of Documents  Page Line  Stipulations  Page Line  Question Marked
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	EXHIBITS  DESCRIPTION PAGE Klinge-12 Letter dated October 17, 2012 281 Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297 PS Nonabsorbable PROLENE* Soft Mesh in the Treatment of Pelvic Organ Prolapse," Bates stamped ETH.MESH.00803713 Klinge-14 Article entitled "The biology 297 behind fascial defects and the use of implants in pelvic organ prolapse repair"  Klinge-15 Article entitled "Functional and 302 Morphological Evaluation of a Low-Weight, Monofilament Polypropylene Mesh for Hernia Repair"  Klinge-16 Article entitled "New Objective 347 Measurement to Characterize the	10 11 12 13 14 15 16 17 18 19 20 21	Page Line  Request for Production of Documents  Page Line  Stipulations  Page Line  Question Marked
8 9 10 11 12 13 14 15 16 17 18 19 20 21	EXHIBITS  DESCRIPTION PAGE Klinge-12 Letter dated October 17, 2012 281 Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297 PS Nonabsorbable PROLENE* Soft Mesh in the Treatment of Pelvic Organ Prolapse," Bates stamped ETH.MESH.00803713 Klinge-14 Article entitled "The biology 297 behind fascial defects and the use of implants in pelvic organ prolapse repair"  Klinge-15 Article entitled "Functional and 302 Morphological Evaluation of a Low-Weight, Monofilament Polypropylene Mesh for Hernia Repair"  Klinge-16 Article entitled "New Objective 347	10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Page Line  Request for Production of Documents  Page Line  Stipulations  Page Line  Question Marked
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	EXHIBITS  DESCRIPTION PAGE Klinge-12 Letter dated October 17, 2012 281 Klinge-13 PowerPoint, "GYNECARE GYNEMESH* 297 PS Nonabsorbable PROLENE* Soft Mesh in the Treatment of Pelvic Organ Prolapse," Bates stamped ETH.MESH.00803713 Klinge-14 Article entitled "The biology 297 behind fascial defects and the use of implants in pelvic organ prolapse repair"  Klinge-15 Article entitled "Functional and 302 Morphological Evaluation of a Low-Weight, Monofilament Polypropylene Mesh for Hernia Repair"  Klinge-16 Article entitled "New Objective 347 Measurement to Characterize the	10 11 12 13 14 15 16 17 18 19 20 21 22 23	Page Line  Request for Production of Documents  Page Line  Stipulations  Page Line  Question Marked

			1
	Page 279		Page 281
1	CONFIDENTIAL DESIGNATION INDEX	1	
		2	(Deposition Exhibit No. Klinge-12,
2	PAGE 300 LINE 15 THROUGH PAGE 302 LINE 2	3	Letter dated October 17, 2012, was marked
3	PAGE 310 LINE 1 THROUGH PAGE 310 LINE 15	4	for identification.)
4	PAGE 334 LINE 14 THROUGH PAGE 335 LINE 2	5	
5	PAGE 336 LINE 20 THROUGH PAGE 337 LINE 10	6	PROF. DR. UWE KLINGE, after having
6	PAGE 360 LINE 2 THROUGH PAGE 360 LINE 5	7	been previously duly sworn, continued to
7	PAGE 377 LINE 25 THROUGH PAGE 378 LINE 14	8	be examined and testified as follows:
8	PAGE 380 LINE 21 THROUGH PAGE 381 LINE 11	9	
9	PAGE 400 LINE 17 THROUGH PAGE 400 LINE 24	10	EXAMINATION
10	PAGE 431 LINE 9 THROUGH PAGE 431 LINE 18	11	
11	PAGE 466 LINE 2 THROUGH PAGE 468 LINE 2	12	BY MR. BROWN:
12	PAGE 500 LINE 2 THROUGH PAGE 500 LINE 17	13	Q. Good to see you this morning.
13		14	During the times that you were being
14		15	funded by Ethicon up until 2005, who were some of
15 16		16	your major contacts at Ethicon, people you spoke to
		17	regularly?
17		18	A. It has been the head of the R&D
18 19		19	department at Norderstedt, Dr. Hoepfner,
20		20	H-O-E-P-F-N-E-R, Dr. Hoepfner, and his successor was
21		21	Dr. Engel, E-N-G-E-L. And with his team. It was
22		22	Dr. Walte, W-A-L-T-E. It was Dr. Holste, Dr.
23		23	Hellhammer, Dr. Batke later on, sometimes Frau
24		24	Schuldt, S-C-H-U-L-D-T, E, I'm not sure. These are
25		25	the people that came four times a year to Aachen to
23			the people that came rour times a year to Adenen to
	Page 280		Page 282
1	CONFIDENTIAL DECICNATION INDEV		1, 4,
	CONFIDENTIAL DESIGNATION INDEX	1	discuss this.
	CONFIDENTIAL DESIGNATION INDEX	2	Q. Now, Doctor, for the materials that
2	CONFIDENTIAL DESIGNATION INDEX		
	CONFIDENTIAL DESIGNATION INDEX	2	Q. Now, Doctor, for the materials that
2 3 4	CONFIDENTIAL DESIGNATION INDEX	2	Q. Now, Doctor, for the materials that you have that you relied upon to write your report,
2 3 4 5		2 3 4	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your
2 3 4 5 6		2 3 4 5	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?
2 3 4 5 6	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please?
2 3 4 5 6 7 8		2 3 4 5 6 7	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please?  Q. Sure.
2 3 4 5 6 7 8	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to
2 3 4 5 6 7 8 9	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on
2 3 4 5 6 7 8 9 10		2 3 4 5 6 7 8 9	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of
2 3 4 5 6 7 8 9 10 11		2 3 4 5 6 7 8 9 10	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the
2 3 4 5 6 7 8 9 10 11 12 13		2 3 4 5 6 7 8 9 10 11	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer.
2 3 4 5 6 7 8 9 10 11 12 13 14	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure.  The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer.  Q. Okay.
2 3 4 5 6 7 8 9 10 11 12 13 14	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer. Q. Okay. A. There are some others from books that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer. Q. Okay. A. There are some others from books that are as a hard copy there.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure.  The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer.  Q. Okay.  A. There are some others from books that are as a hard copy there.  Q. And do you highlight on the hard
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this? A. Most of my documents are on the computer. Q. Okay. A. There are some others from books that are as a hard copy there. Q. And do you highlight on the hard copies? Do you take a highlighter and highlight or
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer. Q. Okay. A. There are some others from books that are as a hard copy there. Q. And do you highlight on the hard copies? Do you take a highlighter and highlight or write on the hard copies?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer. Q. Okay. A. There are some others from books that are as a hard copy there. Q. And do you highlight on the hard copies? Do you take a highlighter and highlight or write on the hard copies? A. No.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure.  The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer.  Q. Okay.  A. There are some others from books that are as a hard copy there.  Q. And do you highlight on the hard copies? Do you take a highlighter and highlight or write on the hard copies?  A. No.  Q. Do you make notes? Do you write on
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer. Q. Okay. A. There are some others from books that are as a hard copy there. Q. And do you highlight on the hard copies? Do you take a highlighter and highlight or write on the hard copies?  A. No. Q. Do you make notes? Do you write on the documents?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer. Q. Okay. A. There are some others from books that are as a hard copy there. Q. And do you highlight on the hard copies? Do you take a highlighter and highlight or write on the hard copies?  A. No. Q. Do you make notes? Do you write on the documents?  A. On the hard copies?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this? A. Most of my documents are on the computer. Q. Okay. A. There are some others from books that are as a hard copy there. Q. And do you highlight on the hard copies? Do you take a highlighter and highlight or write on the hard copies? A. No. Q. Do you make notes? Do you write on the documents? A. On the hard copies? Q. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	CONFIDENTIAL DESIGNATION INDEX	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Now, Doctor, for the materials that you have that you relied upon to write your report, do you maintain those in a hard copy or on your computer?  A. Please? Q. Sure. The documents that you work with to help write your expert report, do you keep them on your computer or do you have them just in a stack of documents like this?  A. Most of my documents are on the computer. Q. Okay. A. There are some others from books that are as a hard copy there. Q. And do you highlight on the hard copies? Do you take a highlighter and highlight or write on the hard copies?  A. No. Q. Do you make notes? Do you write on the documents?  A. On the hard copies?

Page 283 Page 285 1 Q. Does that mean sometimes you do or --1 THE WITNESS: As this expert report 2 A. I think in some few instances I made is based on all what we have learned and done and 3 experienced, I think it is -- or it is not possible some remarks to the hard copies, but... 4 And, Doctor, when you keep up with to put all this knowledge into this expert report. 5 your time to send your counsel for payment, do you Otherwise, it would have been thousands of pages 6 keep up with hour by hour what you did? there. So, of course, this is an extract with the 7 It is a list of hours per week, which references that are important to underline this. 8 I will -- or of the hours I spent for working on But there are lots of others as well that are not --9 this topic. I have to admit that are not listed in this. 10 10 BY MR. BROWN: Q. And then you would send those hours 11 to your counsel for payment for your work; is that 11 0. Are there other studies that you are 12 right? 12 aware of that you used to write your report that 13 A. After some time, I collected it, and 13 aren't identified in your expert report? 14 then I sent them. 14 I'm not aware of some -- or the 15 15 intention for this expert report was to explain my Doctor, everything that you've relied 16 on to write your expert report, is it identified in opinions. And, therefore, I needed or I added some 17 your expert report? And plaintiffs' counsel has references which I think made it very clear why I 18 given me quite a number of additional documents that came to this conclusion. Of course, usually there 19 I believe he's provided to you. are lots of others that confirm this as well. So, 20 20 So based upon what you've cited -therefore, it is a selection of references, of 21 let me just state this. 21 course. If -- I've seen so many documents there and 22 22 Your counsel, plaintiffs' counsel, I could have added all these documents there. 23 has given us an additional list of materials that When you say you've seen all these he's provided to you to review; is that correct? 24 documents, which documents are you talking about? 25 25 MR. ANDERSON: Since his expert I have seen a lot of documents from A. Page 284 Page 286 1 report. Ethicon, a lot of PowerPoint presentations, a lot of 2 2 drafts, a lot of reports, yeah. BY MR. BROWN: 3 3 O. Since your expert report; is that Doctor, as you sit here, though, are 4 right? there any studies that you know of that support your 5 opinion that you're relying on that you have not put A. That he provided you a list? 6 Q. No. no. 6 in your expert report? 7 7 That is right. Maybe. A. A. Again, it is a very -- can you please 8 8 Q. say it again? No, no. 9 9 I'm saying that since you wrote your O. Sure, yes. I'm looking for any expert report, you remember Dr. Williams wrote a 10 studies, Doctor, that -- I'll give you an example. 10 11 report. Right? 11 So do you remember when you were --12 A. 12 in your expert report you were talking about 13 Q. And so your counsel gave you Dr. degradation in your expert report and you cited your 14 Williams' report so you could review his report. 14 Clave article? 15 15 Right? A. Uh-huh. 16 16 A. So you used that study to help That is right. O. 17 17 Q. And then he gave you a couple other support one of your opinions; is that right? 18 18 reports and documents; is that right? A. Uh-huh. 19 19 A. That is right. MR. ANDERSON: Yes? 20 And from what your counsel has given 20 THE WITNESS: Yes. Sorry. you and what you've put in your expert report, is 21 21 BY MR. BROWN: 22 22 that all the materials that you've used to rely upon O. No problem. 23 to write your expert report? 23 Are there other studies like that 24 MR. ANDERSON: Objection. that support your opinions that you didn't put in 25 Go ahead. your expert report?

Page 287 Page 289 1 MR. ANDERSON: Or that aren't listed give us an opportunity to ask him questions? 2 2 here? MR. ANDERSON: I think that would 3 BY MR. BROWN: 3 only be fair, so the answer is yes. Maybe it's a 4 Or that aren't listed here. And when video conference depo. 5 5 I say "here," on Exhibit 12. That you're aware of, MR. THOMAS: Thank you. 6 6 Doctor. We can work out the details. 7 A. Let me answer with another example. MR. ANDERSON: We can work out the 8 If you take the term details, but that would only be fair. 9 9 "biocompatibility," I did not include all possible BY MR. BROWN: 10 10 references for this term in my reference report. It O. Doctor, moving on. 11 was just a selection. 11 I think yesterday you had told me 12 12 that you and Dr. Klosterhalfen were working on a Doctor, is it fair to say, is there 13 any other studies that you would need to cite to, to 13 publication now together; is that right? 14 14 support your opinions in your expert report that A. That is right. 15 15 aren't in your report or aren't in Exhibit 12? O. Can you tell me what's the study on? 16 What are you studying? Maybe it's easier to say A. I didn't -- please --17 What I want to do is just make sure 17 Ō. this: What's the purpose of the study? 18 18 if there's other studies out there, that I have an In the moment, we have three projects 19 opportunity to look at them so that I can see what 19 together. First is a -- we were invited to make a 20 20 manuscript or with a title the ideal mesh for, I you're basing your opinions on. 21 21 think the journal's name is Biology, part of And so all I want to know is, are 22 22 there any other studies out there that you're Physiology. 23 23 primarily using to support your opinions on your O. I'm sorry, go ahead. expert report that aren't in your expert report or 24 A. And the manuscript is, in the moment, that are not in this Exhibit 12? in the review by Bernd Klosterhalfen. Page 288 Page 290 So as you said, primarily used, I 1 1 The second was that we are working on don't -- I think, or to my opinion, there is no the evaluation of 1,000 explanted hernia meshes, the 3 other report that is necessary to review to follow histological evaluation and the presentation of the these opinions. data and the interpretation. And that is summarized 5 0. in a manuscript which we recently submitted. Okay. 6 MR. ANDERSON: I wanted to wait until And the third activity, main 7 he answered and not interrupt you, but I'm just activity, is that, in the moment, we are trying to 8 going to place an objection just in terms of, as you identify the cells of the inflammatory infiltrate of 9 are aware, there's been this rolling production of 9 human explanted meshes by performing 10 documents. And we're still awaiting a lot of 10 immunohistochemistry, serous red staining, and I 11 documents. And so if anything comes into the hope the next time we can perform double fluorescent 12 12 documents that's been produced that we haven't immunohistochemistry to identify which cells are 13 fairly had a chance to look at and he hasn't had a responsible for the chronic inflammatory reaction of chance to consider, we would, of course, look at the foreign body, because this is not clear from the 15 those, have him consider them. And if it's going to scientific point. So these are the three activities 16 16 change or buttress his opinions or something that we actually have together. 17 17 Doctor, on the publication talking appears that would be unfair for us to come to trial 18 18 and all of a sudden hand to him, I will give you my about identifying the ideal mesh, are y'all actually

19 describing the characteristics of what an ideal mesh 20 looks like?

21 In this manuscript we gave our idea A. how to answer this question, first of all, that 23 there -- so shortly, I can give you a short summary of what is in. The basic idea is that there is no one ideal mesh, that you have to consider the

word that we will -- I will send you an e-mail and I

will say, these are the documents that came in, I've

provided them to Dr. Klinge, and he's going to base

MR. THOMAS: At that point, will you

part of his opinions on those documents, in all

MR. BROWN: That's fine.

fairness to me and to you.

19

20

21

22

23

24

25

	confidential - Subject to Stipula		
1	Page 291	1	Page 293
1	functional requirements for this, that you have to		Go ahead.
2	consider structural requirements, that you have to	2	Do you understand?
3	look at the tissue ingrowth, that you have to	3	THE WITNESS: Where are the data?
4	consider the location, that you have to consider the	4	BY MR. BROWN:
5	size of the configuration, that you have to	5	Q. Yes.
6	consider, of course, the polymer, that you have to	6	Let me restate it then.
7	consider the porosity, the pore structures. All	7	These 1,000 explanted meshes, were
8	this together helps to get an understanding and to	8	they sent to Dr. Klosterhalfen?
9	find the optimum solution for a specific indication.	9	A. Yes.
10	That is briefly what we want to outline in this	10	Q. And then did Dr. Klosterhalfen review
11	text.	11	each one of these explanted meshes from a pathology
12	Q. And, Doctor, is this study with	12	standpoint?
13	regard to finding a mesh for hernia repair?	13	A. I don't know what is a pathology
14	A. This is not specific. It is dealing	14	standpoint. I know he's a pathologist, and he has
15	with textile structures in surgery.	15	an experience and he has written a protocol to look
16	Q. So if I hear you right, you're not	16	at these meshes, which is far beyond the standard
17	saying that there is one construction right for	17	evaluation of some tissues. So he followed this
18	every particular issue; is that right?	18	protocol and he made an analysis of these 1,000
19	MR. ANDERSON: Objection to form.	19	explanted meshes.
20	Go ahead.	20	Q. Now, his evaluation of those 1,000
21	BY MR. BROWN:	21	meshes, where are those evaluations?
22	Q. Let me restate that.	22	MR. ANDERSON: Objection.
23	Are you saying that there is not one	23	THE WITNESS: On a hard disk.
24	particular way to design a mesh that will fit every	24	BY MR. BROWN:
25	patient's needs?	25	Q. Is this a hard disk with your group
	Page 292		Page 294
	_		1 450 271
1	A. The idea one fits all, it doesn't	1	at Aachen?
1 2	A. The idea one fits all, it doesn't work.	1 2	
	work.		MR. ANDERSON: He's trying to find
2	work. Q. I understand.	2	MR. ANDERSON: He's trying to find out physically where this information is stored from
2	work.  Q. I understand.  Now, Doctor, as far as the second	3	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you
2 3 4	work. Q. I understand. Now, Doctor, as far as the second article	2 3 4	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is
2 3 4 5	work.  Q. I understand.  Now, Doctor, as far as the second	2 3 4 5	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in
2 3 4 5 6	work.  Q. I understand.  Now, Doctor, as far as the second article  Doctor, do you have a copy of that article?	2 3 4 5 6	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?
2 3 4 5 6 7	work.  Q. I understand. Now, Doctor, as far as the second article Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft	2 3 4 5 6 7	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these
2 3 4 5 6 7 8	work.  Q. I understand. Now, Doctor, as far as the second article Doctor, do you have a copy of that article? A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And	2 3 4 5 6 7 8	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of
2 3 4 5 6 7 8	work. Q. I understand. Now, Doctor, as far as the second article Doctor, do you have a copy of that article? A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed	2 3 4 5 6 7 8	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer
2 3 4 5 6 7 8 9	work.  Q. I understand. Now, Doctor, as far as the second article Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.	2 3 4 5 6 7 8 9	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer So we have access. We have access to the we both
2 3 4 5 6 7 8 9 10	work.  Q. I understand. Now, Doctor, as far as the second article Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now. Q. Doctor, let me ask you, too, on	2 3 4 5 6 7 8 9 10 11	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer So we have access. We have access to the we both have access to these data.
2 3 4 5 6 7 8 9 10 11	work.  Q. I understand. Now, Doctor, as far as the second article Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.  Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted	2 3 4 5 6 7 8 9 10 11	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer So we have access. We have access to the we both have access to these data.  BY MR. BROWN:
2 3 4 5 6 7 8 9 10 11 12 13	work.  Q. I understand. Now, Doctor, as far as the second article Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.  Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.	2 3 4 5 6 7 8 9 10 11 12 13	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer. So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking
2 3 4 5 6 7 8 9 10 11 12 13 14 15	work.  Q. I understand. Now, Doctor, as far as the second article  Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.  Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or	2 3 4 5 6 7 8 9 10 11 12 13 14	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer. So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.
2 3 4 5 6 7 8 9 10 11 12 13 14	work.  Q. I understand. Now, Doctor, as far as the second article Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now. Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or evaluation?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer. So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.  And those are documents you can
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	work.  Q. I understand. Now, Doctor, as far as the second article  Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.  Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or evaluation?  MR. BROWN: Was it evaluation? I'm	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.  And those are documents you can provide to your counsel, is that right, the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	work.  Q. I understand. Now, Doctor, as far as the second article  Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.  Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or evaluation?  MR. BROWN: Was it evaluation? I'm sorry.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.  And those are documents you can provide to your counsel, is that right, the evaluations?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	work.  Q. I understand. Now, Doctor, as far as the second article Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now. Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or evaluation? MR. BROWN: Was it evaluation? I'm sorry.  THE WITNESS: Evaluation.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.  And those are documents you can provide to your counsel, is that right, the evaluations?  MR. ANDERSON: Can you share that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	work.  Q. I understand. Now, Doctor, as far as the second article  Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.  Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or evaluation?  MR. BROWN: Was it evaluation? I'm sorry.  THE WITNESS: Evaluation.  BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.  And those are documents you can provide to your counsel, is that right, the evaluations?  MR. ANDERSON: Can you share that data with me?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	work.  Q. I understand. Now, Doctor, as far as the second article  Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.  Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or evaluation?  MR. BROWN: Was it evaluation? I'm sorry.  THE WITNESS: Evaluation.  BY MR. BROWN: Q. Evaluation.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.  And those are documents you can provide to your counsel, is that right, the evaluations?  MR. ANDERSON: Can you share that data with me?  THE WITNESS: I have to ask Professor
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	work.  Q. I understand. Now, Doctor, as far as the second article Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now. Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or evaluation?  MR. BROWN: Was it evaluation? I'm sorry.  THE WITNESS: Evaluation.  BY MR. BROWN: Q. Evaluation. So on the article, the evaluation of	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.  And those are documents you can provide to your counsel, is that right, the evaluations?  MR. ANDERSON: Can you share that data with me?  THE WITNESS: I have to ask Professor Klosterhalfen.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	work.  Q. I understand. Now, Doctor, as far as the second article  Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.  Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or evaluation?  MR. BROWN: Was it evaluation? I'm sorry.  THE WITNESS: Evaluation.  BY MR. BROWN:  Q. Evaluation. So on the article, the evaluation of 1,000 explanted hernia meshes, where is the data for	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer. So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.  And those are documents you can provide to your counsel, is that right, the evaluations?  MR. ANDERSON: Can you share that data with me?  THE WITNESS: I have to ask Professor Klosterhalfen. BY MR. BROWN:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	work.  Q. I understand. Now, Doctor, as far as the second article  Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.  Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or evaluation?  MR. BROWN: Was it evaluation? I'm sorry.  THE WITNESS: Evaluation.  BY MR. BROWN:  Q. Evaluation. So on the article, the evaluation of 1,000 explanted hernia meshes, where is the data for this 1,000 explanted hernia meshes?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer. So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.  And those are documents you can provide to your counsel, is that right, the evaluations?  MR. ANDERSON: Can you share that data with me?  THE WITNESS: I have to ask Professor Klosterhalfen.  BY MR. BROWN:  Q. Doctor, let's move to a different
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	work.  Q. I understand. Now, Doctor, as far as the second article  Doctor, do you have a copy of that article?  A. I cannot make a copy. It is a draft only on the computer in the moment, so, but And I'm not sure whether something will be changed during the next days, but I have a draft now.  Q. Doctor, let me ask you, too, on the you say the evolution of the 1,000 explanted hernia meshes.  MR. ANDERSON: He said evolution or evaluation?  MR. BROWN: Was it evaluation? I'm sorry.  THE WITNESS: Evaluation.  BY MR. BROWN:  Q. Evaluation. So on the article, the evaluation of 1,000 explanted hernia meshes, where is the data for	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MR. ANDERSON: He's trying to find out physically where this information is stored from which you are able to that he took this and you took this analysis from. So he wants to know, is that stored on a computer at Aachen? Is it in Duren? Where is that information?  THE WITNESS: In the moment, these files that can be evaluated are on the computer of Professor Klosterhalfen and on my personal computer So we have access. We have access to the we both have access to these data.  BY MR. BROWN:  Q. That's exactly what I was looking for. Thanks for that.  And those are documents you can provide to your counsel, is that right, the evaluations?  MR. ANDERSON: Can you share that data with me?  THE WITNESS: I have to ask Professor Klosterhalfen. BY MR. BROWN:

	Confidential - Subject to Stipula		
	Page 295		Page 297
1	a study with PVDF being compared to polypropylene	1	on 366, it should be the second page, Doctor, on
2	where you reviewed the article.	2	366, do you see where there's Group I, Group II and
3	Do you remember that?	3	Group III? And it appears, Doctor, that there's
4	A. Which we have done several	4	three different types of meshes that you were
5	articles with PVDF, and so which one do you	5	looking at; is that correct? Three different
6	Q. I think you were saying that there	6	meshes?
7	was a study comparing polypropylene and PVDF that	7	A. Give me a minute, please.
8	has not been published yet that you were a reviewer	8	Q. Sure.
9	for; is that right?	9	MR. ANDERSON: Take your time to look
10	MR. ANDERSON: Dr.	10	as much of the document as you need to.
11	Kirschner-Herrmans.	11	
12	THE WITNESS: The ultrasound	12	(Deposition Exhibit No. Klinge-13,
13	investigation of the yeah.	13	PowerPoint, "GYNECARE GYNEMESH* PS
14	BY MR. BROWN:	14	Nonabsorbable PROLENE* Soft Mesh in the
15	Q. Is that the study that compares PVDF	15	Treatment of Pelvic Organ Prolapse," Bates
16	and polypropylene?	16	stamped ETH.MESH.00803713, and Deposition
17	A. Yes.	17	Exhibit No. Klinge-14, Article entitled
18	Q. In humans?	18	"The biology behind fascial defects and
19	A. They compared it in humans. It was	19	the use of implants in pelvic organ
20	an investigation at the continence center at women.	20	prolapse repair", were marked for
21	Q. And what were you doing on this	21	identification.)
22	article? What was your purpose for reviewing this	22	
23	article?	23	BY MR. BROWN:
24	A. The I was charged in explaining	24	Q. Doctor, while you're looking, I want
25	them the general reaction of tissue to textile	25	to show you two things to see if this helps you
		-	The state of the s
	Page 296		Page 298
1	Page 296 implants and to discuss with them the whether	1	Page 298 determine, and you can read as much as you need to
1 2	_	1 2	<u> </u>
	implants and to discuss with them the whether		determine, and you can read as much as you need to
2	implants and to discuss with them the whether about the balance of the tissue requirements or the	2	determine, and you can read as much as you need to as well.
2 3	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the	2 3	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14
2 3 4	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to	2 3 4	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan
2 3 4 5	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures	2 3 4 5	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters
2 3 4 5 6	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these	2 3 4 5 6	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as
2 3 4 5 6 7	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the	2 3 4 5 6 7	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the
2 3 4 5 6 7 8	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.	2 3 4 5 6 7 8	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've
2 3 4 5 6 7 8	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article?	2 3 4 5 6 7 8	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that
2 3 4 5 6 7 8 9	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article?  A. I contributed with some text in this,	2 3 4 5 6 7 8 9	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that
2 3 4 5 6 7 8 9 10	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article?  A. I contributed with some text in this, of course.	2 3 4 5 6 7 8 9 10	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.
2 3 4 5 6 7 8 9 10 11	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article?  A. I contributed with some text in this, of course.  Q. Will you be a co-author on the	2 3 4 5 6 7 8 9 10 11	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the
2 3 4 5 6 7 8 9 10 11 12 13	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article?  A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?	2 3 4 5 6 7 8 9 10 11 12 13	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.
2 3 4 5 6 7 8 9 10 11 12 13	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article? A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?  A. Yeah, yes.	2 3 4 5 6 7 8 9 10 11 12 13	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.  THE WITNESS: So, yeah. So from this
2 3 4 5 6 7 8 9 10 11 12 13 14 15	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article? A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?  A. Yeah, yes. Q. It's very good. Very few people pick	2 3 4 5 6 7 8 9 10 11 12 13 14	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.  THE WITNESS: So, yeah. So from this image and from the data, there seems to be
2 3 4 5 6 7 8 9 10 11 12 13 14 15	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article? A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?  A. Yeah, yes. Q. It's very good. Very few people pick that up on their own and actually do that, so you've	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.  THE WITNESS: So, yeah. So from this image and from the data, there seems to be similarity to soft Prolene® mesh. But I don't know
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article? A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?  A. Yeah, yes. Q. It's very good. Very few people pick that up on their own and actually do that, so you've done well.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.  THE WITNESS: So, yeah. So from this image and from the data, there seems to be similarity to soft Prolene® mesh. But I don't know whether it is exactly coming from the product taken
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article? A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?  A. Yeah, yes. Q. It's very good. Very few people pick that up on their own and actually do that, so you've done well.  Doctor, I'm going to show you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.  THE WITNESS: So, yeah. So from this image and from the data, there seems to be similarity to soft Prolene® mesh. But I don't know whether it is exactly coming from the product taken from this and using this for animals, or whether
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article?  A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?  A. Yeah, yes.  Q. It's very good. Very few people pick that up on their own and actually do that, so you've done well.  Doctor, I'm going to show you Exhibit 10. This is just trying to clarify a couple	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.  THE WITNESS: So, yeah. So from this image and from the data, there seems to be similarity to soft Prolene® mesh. But I don't know whether it is exactly coming from the product taken from this and using this for animals, or whether there is some sort of modification, whether it's for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article?  A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?  A. Yeah, yes.  Q. It's very good. Very few people pick that up on their own and actually do that, so you've done well.  Doctor, I'm going to show you Exhibit 10. This is just trying to clarify a couple of things from yesterday as well.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.  THE WITNESS: So, yeah. So from this image and from the data, there seems to be similarity to soft Prolene® mesh. But I don't know whether it is exactly coming from the product taken from this and using this for animals, or whether there is some sort of modification, whether it's for experimental use, provided for Aachen from Hamburg
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article?  A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?  A. Yeah, yes.  Q. It's very good. Very few people pick that up on their own and actually do that, so you've done well.  Doctor, I'm going to show you Exhibit 10. This is just trying to clarify a couple of things from yesterday as well.  Doctor, if you look on Exhibit 10,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.  THE WITNESS: So, yeah. So from this image and from the data, there seems to be similarity to soft Prolene® mesh. But I don't know whether it is exactly coming from the product taken from this and using this for animals, or whether there is some sort of modification, whether it's for experimental use, provided for Aachen from Hamburg Norderstedt, I don't know it, because I didn't
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article?  A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?  A. Yeah, yes.  Q. It's very good. Very few people pick that up on their own and actually do that, so you've done well.  Doctor, I'm going to show you Exhibit 10. This is just trying to clarify a couple of things from yesterday as well.  Doctor, if you look on Exhibit 10, what I'm trying to find out in your study is that if	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.  THE WITNESS: So, yeah. So from this image and from the data, there seems to be similarity to soft Prolene® mesh. But I don't know whether it is exactly coming from the product taken from this and using this for animals, or whether there is some sort of modification, whether it's for experimental use, provided for Aachen from Hamburg Norderstedt, I don't know it, because I didn't receive these meshes. They were delivered to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	implants and to discuss with them the whether about the balance of the tissue requirements or the tissue characteristics and the differences of the textiles, how to characterize the textiles, how to make an analysis of the data, how to make figures for the data, how to perform the statistics of these data. And we are all together discussing the interpretation of these findings.  Q. Are you writing some of this article? A. I contributed with some text in this, of course.  Q. Will you be a co-author on the article?  A. Yeah, yes.  Q. It's very good. Very few people pick that up on their own and actually do that, so you've done well.  Doctor, I'm going to show you Exhibit 10. This is just trying to clarify a couple of things from yesterday as well.  Doctor, if you look on Exhibit 10, what I'm trying to find out in your study is that if you were studying the actual Prolene® Soft Meshes in	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	determine, and you can read as much as you need to as well.  But if I can show you on Exhibit 14 and just see if this helps you. Exhibit 14 is Jan Deprest, and he gives some of the exact parameters of what the Gynemesh® PS, which is the same as Prolene® Soft. And then this is a picture of the Prolene® Soft Mesh as well. And you can see you've got a picture on your third page, and see if that helps you determine if that's the Prolene® Soft that you were assessing in this article.  MR. ANDERSON: There's a list of the meshes on the first page.  THE WITNESS: So, yeah. So from this image and from the data, there seems to be similarity to soft Prolene® mesh. But I don't know whether it is exactly coming from the product taken from this and using this for animals, or whether there is some sort of modification, whether it's for experimental use, provided for Aachen from Hamburg Norderstedt, I don't know it, because I didn't receive these meshes. They were delivered to Joachim Conze as well.

	Confidencial - Subject to Scipula		
	Page 299		Page 301
1	A. So, therefore, there obviously are	1	"PP2.5."
2	some similarities to these meshes. But whether this	2	A. This one?
3	is the original soft pro mesh, I don't know and I	3	Q. Yes, sir.
4	didn't find it. There is a general introduction	4	A. When I compare these two pictures, I
5	here, but it should have been mentioned in the	5	see some similarities with these filaments running
6	materials and methods section which is the provider	6	through the pores. But, of course, there seem to be
7	of this material.	7	some differences as well. So in this, you can
8	MR. ANDERSON: It appears that page 1	8	identify one, two, three, four filaments going
9	lists what the groups are.	9	through, and it's hardly possible to find it in
10	BY MR. BROWN:	10	here. That cannot exclude that maybe it's the same,
11	Q. But what I'm trying to find out is,	11	but from these images alone, you see some
12	is this the Prolene® Soft Mesh.	12	differences as well.
13	A. Yeah, this one. And this one, it	13	Q. And similar characteristics but some
14	is I cannot	14	differences; is that right?
15	MR. ANDERSON: No, no. Group I	15	A. There are some. Some similarities,
16	yeah, okay.	16	but some differences.
17	BY MR. BROWN:	17	Q. And then if you also look, if you'll
18	Q. Doctor, let me ask you this.	18	go back just one page, where it says the mesh pore
19	If you look at your expert report, I	19	size on group 2, do you see that, 2.5, is that
20	can just show you a copy of mine. If you look at	20	similar to the pore size on Exhibit 13?
21	your expert report on porosity on page 25, I think	21	A. It is impossible to the mentioning
22	you see where some of the weights for the Prolene®	22	of a pore size was one figure. It is insufficient
23	Soft Mesh is 45 grams to 42.7; is that right?	23	to reflect all the construction in regard to the
24	MR. ANDERSON: Is that what's listed	24	pore size. That is to ease the understanding for
25	here?	25	the reader to give a rough idea, but it is not
	Page 300		Page 302
1	Page 300	1	Page 302
1 2	BY MR. BROWN:	1 2	possible to made a comparison because of this single
	_		possible to made a comparison because of this single volume.
2	BY MR. BROWN:  Q. Is that what your expert report says?  A. Yes.	2	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just
2 3	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at	2 3	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this
2 3 4	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way	2 3 4	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're
2 3 4 5	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams.	2 3 4 5	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but
2 3 4 5 6	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the	2 3 4 5 6	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft;
2 3 4 5 6 7	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in	2 3 4 5 6 7	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?
2 3 4 5 6 7 8	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the	2 3 4 5 6 7 8	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right.
2 3 4 5 6 7 8	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one?	2 3 4 5 6 7 8	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right.  Q. Okay.
2 3 4 5 6 7 8 9	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct.	2 3 4 5 6 7 8 9	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right.
2 3 4 5 6 7 8 9 10	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2	2 3 4 5 6 7 8 9 10	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right.  Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.
2 3 4 5 6 7 8 9 10 11	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this	2 3 4 5 6 7 8 9 10 11 12	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right.  Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and
2 3 4 5 6 7 8 9 10 11 12 13	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data.	2 3 4 5 6 7 8 9 10 11 12 13	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right. Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled
2 3 4 5 6 7 8 9 10 11 12 13	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data. Q. And then, Doctor, if you look, too,	2 3 4 5 6 7 8 9 10 11 12 13	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right.  Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled  MR. BROWN: 13 was the PowerPoint.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data. Q. And then, Doctor, if you look, too, at the picture that I've provided you in Exhibit 13,	2 3 4 5 6 7 8 9 10 11 12 13 14	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right. Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled  MR. BROWN: 13 was the PowerPoint.  MR. ANDERSON: Oh, sorry. 13 was the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data. Q. And then, Doctor, if you look, too,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right.  Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled  MR. BROWN: 13 was the PowerPoint.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data. Q. And then, Doctor, if you look, too, at the picture that I've provided you in Exhibit 13, does that appear to have the same type of construction as what's in Exhibit 10?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right. Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled  MR. BROWN: 13 was the PowerPoint.  MR. ANDERSON: Oh, sorry. 13 was the PowerPoint entitled "Gynecare Gynemesh® PS."
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data. Q. And then, Doctor, if you look, too, at the picture that I've provided you in Exhibit 13, does that appear to have the same type of construction as what's in Exhibit 10?  MR. ANDERSON: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right. Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled  MR. BROWN: 13 was the PowerPoint.  MR. ANDERSON: Oh, sorry. 13 was the PowerPoint entitled "Gynecare Gynemesh® PS."
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data. Q. And then, Doctor, if you look, too, at the picture that I've provided you in Exhibit 13, does that appear to have the same type of construction as what's in Exhibit 10?  MR. ANDERSON: Objection. BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right. Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled  MR. BROWN: 13 was the PowerPoint.  MR. ANDERSON: Oh, sorry. 13 was the PowerPoint entitled "Gynecare Gynemesh® PS."  (Deposition Exhibit No. Klinge-15, Article entitled "Functional and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data. Q. And then, Doctor, if you look, too, at the picture that I've provided you in Exhibit 13, does that appear to have the same type of construction as what's in Exhibit 10?  MR. ANDERSON: Objection. BY MR. BROWN: Q. If you look at the picture on page 3?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right. Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled  MR. BROWN: 13 was the PowerPoint.  MR. ANDERSON: Oh, sorry. 13 was the PowerPoint entitled "Gynecare Gynemesh® PS."   (Deposition Exhibit No. Klinge-15, Article entitled "Functional and Morphological Evaluation of a Low-Weight,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data. Q. And then, Doctor, if you look, too, at the picture that I've provided you in Exhibit 13, does that appear to have the same type of construction as what's in Exhibit 10?  MR. ANDERSON: Objection. BY MR. BROWN: Q. If you look at the picture on page 3? MR. ANDERSON: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right. Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled  MR. BROWN: 13 was the PowerPoint.  MR. ANDERSON: Oh, sorry. 13 was the PowerPoint entitled "Gynecare Gynemesh® PS."  ———  (Deposition Exhibit No. Klinge-15, Article entitled "Functional and Morphological Evaluation of a Low-Weight, Monofilament Polypropylene Mesh for Hernia
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data. Q. And then, Doctor, if you look, too, at the picture that I've provided you in Exhibit 13, does that appear to have the same type of construction as what's in Exhibit 10?  MR. ANDERSON: Objection. BY MR. BROWN: Q. If you look at the picture on page 3?  MR. ANDERSON: Objection. Go ahead.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right. Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled  MR. BROWN: 13 was the PowerPoint.  MR. ANDERSON: Oh, sorry. 13 was the PowerPoint entitled "Gynecare Gynemesh® PS."   (Deposition Exhibit No. Klinge-15, Article entitled "Functional and Morphological Evaluation of a Low-Weight,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	BY MR. BROWN:  Q. Is that what your expert report says? A. Yes. Q. And then if you look here, Doctor, at the way A. 45 grams. Q. So it's the same weight as the Prolene® Soft Mesh, is that right, as you studied in your report? A. This one? Q. On Exhibit 10. That's correct. A. This one, this mesh used for group 2 has a weight of 45 grams per square meter, and this is close to these data. Q. And then, Doctor, if you look, too, at the picture that I've provided you in Exhibit 13, does that appear to have the same type of construction as what's in Exhibit 10?  MR. ANDERSON: Objection. BY MR. BROWN: Q. If you look at the picture on page 3? MR. ANDERSON: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	possible to made a comparison because of this single volume.  Q. Doctor, what I'm trying to do is just find out, just because it was your article, if this was the Prolene® Soft. And it sounds like you're saying that there are similar characteristics, but you don't know if that was for sure Prolene® Soft; is that right?  A. That is right. Q. Okay.  MR. ANDERSON: Did we mark those?  MR. BROWN: Yes.  MR. ANDERSON: So 14 was Deprest, and 15 was the PowerPoint entitled  MR. BROWN: 13 was the PowerPoint.  MR. ANDERSON: Oh, sorry. 13 was the PowerPoint entitled "Gynecare Gynemesh® PS."  ———  (Deposition Exhibit No. Klinge-15, Article entitled "Functional and Morphological Evaluation of a Low-Weight, Monofilament Polypropylene Mesh for Hernia

	Confidential - Subject to Stipula		on and order or confractionality
	Page 303		Page 305
1	Q. Doctor, I'm showing you Exhibit 15	1	94 microns. It's the diameter of this size of this
2	now.	2	polypropylene filament that is used in this.
3	This is another study that you were	3	Q. Doctor, let me make sure I understand
4	an author on; is that right?	4	you correctly here.
5	A. That is right.	5	When Jan Deprest is measuring the
6	Q. And this is another paper that I'm	6	thickness, he's measuring the thickness of the
7	trying to find out which mesh you tested.	7	fiber; is that correct?
8	Do you know if this was the mesh	8	MR. ANDERSON: Objection.
9	for let me ask you to do this first. If you'd	9	THE WITNESS: Thickness give me a
10	look over to page 3 which says 131 on the top right.	10	minute, I have to look what
11	Do you see the table, Doctor?	11	BY MR. BROWN:
12	A. Yes, I see it.	12	Q. Sure.
13	Q. For the one that says, under "LW," do	13	A. So I don't see any further
14	you know if that is the Prolene® Soft Mesh that was	14	explanation, but .45 millimeter usually is the
15	being studied here?	15	thickness of the entire mesh there. This is for
16	A. Give me a minute.	16	most of the meshes in the range of half a millimeter
17	Q. Doctor, if it helps you to look at	17	to .7 millimeter. This is tenfold more than the
18	Deprest, you can also look at that as well.	18	filament radius in micrometers there.
19	MR. ANDERSON: Take your time and	19	Q. Let me ask you this, Doctor.
20	read that as long as you need to.	20	A. So you cannot compare these two data.
21	THE WITNESS: I cannot answer this	21	It's completely different.
22	question.	22	Q. Is .45 millimeters, is that
23	BY MR. BROWN:	23	Okay. So you're saying you can't
24	Q. Okay.	24	compare those two? Is that what you're saying?
25	A. So I don't see any proof or	25	A. Yes. These two are completely
		1	
	Page 304		Page 306
1	Page 304 confirmation that this is the soft pro mesh. And if	1	Page 306 different properties, characteristics.
1 2	confirmation that this is the soft pro mesh. And if	1 2	different properties, characteristics.
	_		different properties, characteristics.  Q. Let me ask you this.
2	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no	2	different properties, characteristics.
2 3	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat	2 3	different properties, characteristics.  Q. Let me ask you this.  Coming back to your article, which is
2 3 4	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this	2 3 4	different properties, characteristics.  Q. Let me ask you this.  Coming back to your article, which is  Exhibit 15, on Table 131, the filament radius of the
2 3 4 5	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft	2 3 4 5	different properties, characteristics.  Q. Let me ask you this.  Coming back to your article, which is  Exhibit 15, on Table 131, the filament radius of the  Prolene® Soft, is it around 47 microns
2 3 4 5 6	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.	2 3 4 5 6	different properties, characteristics.  Q. Let me ask you this.  Coming back to your article, which is  Exhibit 15, on Table 131, the filament radius of the  Prolene® Soft, is it around 47 microns approximately?
2 3 4 5 6 7	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page	2 3 4 5 6 7	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter
2 3 4 5 6 7 8	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified	2 3 4 5 6 7 8	different properties, characteristics.  Q. Let me ask you this.  Coming back to your article, which is  Exhibit 15, on Table 131, the filament radius of the  Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around
2 3 4 5 6 7 8	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the	2 3 4 5 6 7 8	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the
2 3 4 5 6 7 8 9	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?	2 3 4 5 6 7 8 9	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm
2 3 4 5 6 7 8 9 10	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes.	2 3 4 5 6 7 8 9 10	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.
2 3 4 5 6 7 8 9 10 11 12	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes.  Q. And if you look	2 3 4 5 6 7 8 9 10 11	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly.
2 3 4 5 6 7 8 9 10 11 12 13	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes. Q. And if you look A. Similar.	2 3 4 5 6 7 8 9 10 11 12 13	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius
2 3 4 5 6 7 8 9 10 11 12 13	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes. Q. And if you look A. Similar. Q. And if you have the filament radius	2 3 4 5 6 7 8 9 10 11 12 13	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius for your study, does that have a similar radius to
2 3 4 5 6 7 8 9 10 11 12 13 14	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes. Q. And if you look A. Similar. Q. And if you have the filament radius as 47 microns, does that have the same filament	2 3 4 5 6 7 8 9 10 11 12 13 14 15	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius for your study, does that have a similar radius to the Prolene® Soft Mesh?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes. Q. And if you look A. Similar. Q. And if you have the filament radius as 47 microns, does that have the same filament radius as the Prolene® Soft? Doctor, I don't want	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius for your study, does that have a similar radius to the Prolene® Soft Mesh? MR. ANDERSON: Objection.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes. Q. And if you look A. Similar. Q. And if you have the filament radius as 47 microns, does that have the same filament radius as the Prolene® Soft? Doctor, I don't want to trick you, so I'm going to see if this helps you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius for your study, does that have a similar radius to the Prolene® Soft Mesh?  MR. ANDERSON: Objection. THE WITNESS: It is as I remember,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes. Q. And if you look A. Similar. Q. And if you have the filament radius as 47 microns, does that have the same filament radius as the Prolene® Soft? Doctor, I don't want to trick you, so I'm going to see if this helps you with Jan Deprest, with 14.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius for your study, does that have a similar radius to the Prolene® Soft Mesh?  MR. ANDERSON: Objection. THE WITNESS: It is as I remember, it is 8 microns more in this.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes.  Q. And if you look A. Similar.  Q. And if you have the filament radius as 47 microns, does that have the same filament radius as the Prolene® Soft? Doctor, I don't want to trick you, so I'm going to see if this helps you with Jan Deprest, with 14.  A. No, no. This is the thickness of the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius for your study, does that have a similar radius to the Prolene® Soft Mesh?  MR. ANDERSON: Objection. THE WITNESS: It is as I remember, it is 8 microns more in this. BY MR. BROWN:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes. Q. And if you look A. Similar. Q. And if you have the filament radius as 47 microns, does that have the same filament radius as the Prolene® Soft? Doctor, I don't want to trick you, so I'm going to see if this helps you with Jan Deprest, with 14.  A. No, no. This is the thickness of the material in millimeter. In Table 1, there is a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius for your study, does that have a similar radius to the Prolene® Soft Mesh?  MR. ANDERSON: Objection. THE WITNESS: It is as I remember, it is 8 microns more in this. BY MR. BROWN: Q. Exhibit 15 is 8 microns more than the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes. Q. And if you look A. Similar. Q. And if you have the filament radius as 47 microns, does that have the same filament radius as the Prolene® Soft? Doctor, I don't want to trick you, so I'm going to see if this helps you with Jan Deprest, with 14.  A. No, no. This is the thickness of the material in millimeter. In Table 1, there is a filament radius in micrometer.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius for your study, does that have a similar radius to the Prolene® Soft Mesh?  MR. ANDERSON: Objection. THE WITNESS: It is as I remember, it is 8 microns more in this. BY MR. BROWN: Q. Exhibit 15 is 8 microns more than the Prolene® Soft Mesh?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes. Q. And if you look A. Similar. Q. And if you have the filament radius as 47 microns, does that have the same filament radius as the Prolene® Soft? Doctor, I don't want to trick you, so I'm going to see if this helps you with Jan Deprest, with 14.  A. No, no. This is the thickness of the material in millimeter. In Table 1, there is a filament radius in micrometer. Q. Microns? A. Microns. So this means the thickness of the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius for your study, does that have a similar radius to the Prolene® Soft Mesh?  MR. ANDERSON: Objection. THE WITNESS: It is as I remember, it is 8 microns more in this. BY MR. BROWN: Q. Exhibit 15 is 8 microns more than the Prolene® Soft Mesh?  A. If the Prolene® Soft has a diameter of 85 microns, then it is 9 microns more in this table.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	confirmation that this is the soft pro mesh. And if you're looking to Figure 2, where you have this fat tissue in between the filaments, there is no crosslinking or passing filament in there, so this figure does not indicate that this is a soft Prolene® mesh.  Q. Doctor, let me ask you this: On page 131, if you go to the table, for the mesh identified as "LW," does that have the same weight as the Prolene® Soft Mesh?  A. Yes. Q. And if you look A. Similar. Q. And if you have the filament radius as 47 microns, does that have the same filament radius as the Prolene® Soft? Doctor, I don't want to trick you, so I'm going to see if this helps you with Jan Deprest, with 14.  A. No, no. This is the thickness of the material in millimeter. In Table 1, there is a filament radius in micrometer. Q. Microns?  A. Microns. So this means the thickness	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	different properties, characteristics.  Q. Let me ask you this. Coming back to your article, which is Exhibit 15, on Table 131, the filament radius of the Prolene® Soft, is it around 47 microns approximately?  A. Yeah, yeah. This one has a diameter of 94 microns. And I have to look, it is around 90 microns, the diameter of the Prolene® Soft or the Prolift® mesh. It is around maybe 87 or so. I'm not sure.  Q. Sure. And I'm not asking exactly. I'm just saying, the filament radius for your study, does that have a similar radius to the Prolene® Soft Mesh?  MR. ANDERSON: Objection. THE WITNESS: It is as I remember, it is 8 microns more in this. BY MR. BROWN: Q. Exhibit 15 is 8 microns more than the Prolene® Soft Mesh? A. If the Prolene® Soft has a diameter of 85 microns, then it is 9 microns more in this

Page 307 Page 309 size, when it says greater than 1 millimeter, is the detail. However, I know we had the discussions low 2 pore size of Prolene® Soft greater than weight, lightweight, small pores, large pores; 3 1 millimeter, on page 131, Doctor? otherwise, this discussion in the surgical community 4 Yes, yes. I just looked to the data would never have been possible to discuss about 5 this. But it is too shortcoming to give an where this has been published, and this has been 6 published in 2002. So at that time point, we have a understanding of the consequences. 7 7 complete different look at pore sizes, porosity, and BY MR. BROWN: 8 so -- and, therefore, it stands in this table, but, O. Doctor, all I want to know is this. 9 9 of course, it does not reflect the complex As of 2002, does the pore size under 10 importance of pore sizes as we know today. the LW mesh, does that characterize the Prolene® 11 0. So as of 2002, in your opinion, the 11 Soft Mesh as of 2002? 12 12 MR. ANDERSON: Objection, asked and pore size of Prolene® Soft would have been 13 characterized as greater than 1 millimeter; is that answered. 14 14 correct? As of 2002? THE WITNESS: This table cannot be 15 A. As --15 used to say that soft pro mesh has some 16 MR. ANDERSON: Hold on, hold on. characteristics or some properties. 17 17 Objection, misstates the document. BY MR. BROWN: 18 18 BY MR. BROWN: Q. Doctor, is your answer then that that 19 Go ahead and answer the question. 19 does not describe the pore size of Prolene® Soft Q. 20 MR. ANDERSON: Misstates -- that's 20 Mesh as of 2002? Is that your answer? 21 21 not fair. It doesn't say greater than 1 millimeter. My answer is this table describes the 22 MR. BROWN: That doesn't have a 22 characteristics of this mesh that has been used in 23 23 this study. greater than sign? 24 MR. ANDERSON: Look over to the left. 24 Q. And I understand that. Don't 25 MR. BROWN: Pore size -disagree with you. Page 308 Page 310 MR. ANDERSON: What's it say? What's 1 1 All I'm asking is, does the pore size 2 the value? as it describes it for LW, does that describe the 3 Prolene® Soft Mesh pore size as of 2002? MR. BROWN: Millimeter squared. 4 MR. ANDERSON: Millimeter squared. 4 MR. ANDERSON: Objection. 5 BY MR. BROWN: 5 Go ahead. 6 Q. Doctor, let me ask you this. THE WITNESS: It would be easy for me 7 A. He's right. to answer this if there is one answer, what is the 8 O. That's fine. pore size of a mesh, but there is not an answer like 9 But, Doctor, as far as pore size for this possible. If, when I look to all these the lightweight mesh, is that the same pore size --10 documents from the Ethicon people, where they 10 11 let me say it this way. struggled and fighted to find good values for 12 Does the pore size for the getting the pore sizes, there has been a huge lightweight mesh characterize the Prolene® Soft Mesh variation of data where they presented some 14 as of 2002? estimates for pore size of the textile, of various 15 15 MR. ANDERSON: Objection. textiles. 16 THE WITNESS: First of all, I don't 16 And so there is no one data 17 know whether this is a -- the soft -- it is not regardless in what table that really truly is able 18 clear that this is the soft Prolene® mesh in effect to reflect the pore sizes of a textile. Every 19 or whether it's an experimental thing. So all these 19 textile has some parts with very small pores and it statements came from my point of view, not referred has some other parts where it's different. So there directly to the characteristics of the soft pro is no one single value that can give this 22 mesh. The mentioning of pore size in square information, and, therefore, I cannot say that this 23 millimeter, it is not sufficient to compare the 23 is reflecting the characteristic of a specific textile structures and the distribution of pores 24 textile. between two different structures sufficiently and in BY MR. BROWN:

Page 311 Page 313 THE WITNESS: We knew at that time 1 Q. Doctor, I understand there's been a 1 2 lot of changes over the last ten years with how about the importance of pore sizes. We knew about 3 people want to characterize things. the variation of pore sizes within a textile 4 So is your answer that in 2002, the structure, but sometimes -- and in this table as 5 way you were characterizing pores in 2002, was the well -- it was summarized to more simple data to 6 Prolene® Soft characterized as greater than give an impression to the reader or to help him in 7 1 millimeter squared in 2002? his interpretation of the results. 8 MR. ANDERSON: Objection, asked twice BY MR. BROWN: 9 9 and answered. O. Doctor, let's talk about -- we ended 10 10 yesterday with inflammation. Let's talk today about THE WITNESS: Again, this table is 11 not reflecting an experiment with soft Prolene® 11 tissue integration. Okay? 12 mesh; otherwise, it would have been stated there. 12 A. That's okay. 13 13 Even in 2002, we prepared and made histograms Q. How would you describe good tissue 14 distribution of the pore size of the meshes and 14 integration into a pore? 15 15 presented these histogram of the various pores If you want to reinforce tissues with within a mesh. So even at 2002, we know that it has the help of a textile structure, first of all, you been a wide distribution of pore sizes within a have to apply surgical trauma to put the textile 18 textile structure. structure in there. Then this textile structure is 19 However, we thought in many 19 placed in the wound. The following reaction during 20 20 manuscripts that it is not a good idea always to the following days is that you have the foreign body 21 discuss this specific topic in all of these 21 reaction, we talked yesterday, around the filaments. 22 22 manuscripts. That would expand the number of pages And then in the pores, in the space 23 there. And that was the reason that we sometimes between the filaments, there will happen some tissue summarized it to some more simple terms. reaction there. If you have a -- usually if you 25 BY MR. BROWN: have a -- at best you have the regeneration of the Page 312 Page 314 1 Q. So, Doctor, let me just ask you this. local tissues there filling out the defect. That is 2 So as far as this article in Table 3 the best healing you can imagine. And in the 3 for pore size, you don't know if that has similar locations where usually meshes are placed, this is characteristics of Prolene® Soft Mesh? Is that fair usually fat tissue. We know that muscles hardly 5 ever showed some sign of regeneration, but fat to say, you don't know? 6 A. Again, there are a lot of -tissue does show it. So if you have in the pores an 7 Either -- I've asked you a couple ingrowth or regeneration of fat tissue laying there, O. 8 times, is the lightweight greater than 1 millimeter this is an indicator of a widely unaltered wound 9 squared the pore size for Prolene® Soft. 9 healing in this patient. 10 Is your answer, I don't know, I can't 10 The alternative would be that if you 11 11 tell you that? have excessive surgical trauma, if you have an 12 12 MR. ANDERSON: Objection. infection there and/or if you have an excessive 13 THE WITNESS: There are similarities biomaterial associated inflammation there, then this 14 to soft Prolene® mesh there with this mesh, but regeneration will not happen, and then this time, 15 there is no indication that this is the soft the fibroblast will fill this defect, fibroblast 16 16 Prolene® mesh. with collagen, and then you have a scar there. 17 17 BY MR. BROWN: So scar indicates that you have a 18 And I know that. I'm just asking 18 defect healing within the pores due to the local 19 about the actual pore size. 19 trauma that prevents this tissue regeneration with 20 And so as far as the pore size, are all the consequences of scar. We know that if there you saying that you don't know if the pore size of is some scar, it will always be a scar there. There 21 22 Prolene® Soft Mesh is greater than 1 millimeter is, to my knowledge, no way from the body to

23

squared? Is that what you're saying, as of 2002,

MR. ANDERSON: Objection.

23

24

25

you just don't know?

exchange scar by local tissue later on. So once a

scar, ever a scar. And this scar will show some

changes over time. It will demonstrate

Page 315 Page 317 1 construction. It will show an impaired 1 our work is that the filling out of the pores by 2 stretchability, as all scars. And impair -- or in scar tissue, this is related/associated with a lot 3 relation to the extent of this scarring, you have of complications and complaints. And, therefore, it maybe an increased shrinkage. You have an increase is -- I cannot imagine that there is any beneficial 5 effect to construct or to induce scar tissue there. or you may have an integration of the local nerves 6 6 in this tissue. So if I'm hearing you right, some 7 7 So on the one hand, you have the fibrosis is good for tissue integration; is that local tissue mainly indicated by fat tissue within 8 right? 9 9 the pores. That is I think a wound healing with the MR. ANDERSON: Objection. 10 10 Go ahead. least functional restriction in this field. And on 11 the other hand, you have a scarring process closing 11 THE WITNESS: As we said yesterday, 12 12 the defect. We know with all these textiles that some inflammation, some fibrosis, the fibroblasts 13 there is no mesh which only shows pores, because at are essential cells for the body to overcome 14 least at the linkage where the filaments are bound damages. These are for -- since million of year, or 15 together, every knitted textile has some areas where no, hundred thousand of years. 16 BY MR. BROWN: you have this scarring process between the 17 17 filaments. Q. But you just don't want excessive 18 18 fibrosis; is that correct? Q. Now, Doctor, I've seen a couple of 19 articles that you've written, and you talk about the 19 If you define excessive as fibrosis 20 20 fibrosis being limited to the parafilamentary that causes these bridging phenomenon which filled 21 21 out these pores, if the fibrosis -- excessive region. 22 22 Does that indicate that there's good fibrosis that hinders the physiological remodeling 23 23 tissue integration? of the tissue, that is true. 24 MR. ANDERSON: Objection. 24 O. Would you describe excessive fibrosis 25 BY MR. BROWN: as bridging fibrosis like you just spoke of? Page 316 Page 318 There are two levels you can describe 1 Q. Do you want me to restate that? 1 2 excessive fibrosis. The one is the macroscopic, That if the fibrosis is limited to what you see in the OR when you do a 3 the parafilamentary region, does that mean that the granuloma is just around the actual fibers? revision operation --5 5 MR. ANDERSON: Was that macroscopic? Of course it depends from the article 6 and from the context there, but usually we wanted to 6 THE WITNESS: Macroscopic, yeah. 7 describe exactly this -- that if the fibrosis is So what we see in the OR when we 8 limited to the parafilamentary area and in the saw -- when we made a revision operation at mesh and 9 middle is fat tissue, then this is an indicator of 9 saw these clumsy, shrunken piece of something. 10 better tissue integration. 10 And the other is the microscopic, 11 11 O. And when we talk about fibrosis, do that you only be aware if you look with a microscope 12 we want fibrosis to be lower or higher? 12 there. So at both levels, there is some name for 13 MR. ANDERSON: Objection. what you don't want to have. 14 Go ahead. 14 BY MR. BROWN: 15 15 BY MR. BROWN: And whether you look at it 16 16 macroscopically or microscopically, would you define Let me restate that. 17 17 excessive fibrosis as fibrotic bridging? Do you want the fibrosis lower or 18 18 higher for good tissue integration? MR. ANDERSON: Objection, asked and 19 There are several aspects if you are 19 answered. 20 looking to fibrosis. Fibrosis is a need for Go ahead. fixation of the meshes. In this field, you may want 21 THE WITNESS: From the macroscopical 21 22 a certain fibrosis if you attach it. Yeah. view, I would prefer to name it more as 23 On the other hand, there is no 23 encapsulation of the entire mesh. And that is what 24 benefit. If the fibrosis fills out the complete we got to weigh out, that we don't see the mesh any pores, in contrast, what we have learned during all longer, we have this scar plate around. That is

the way of the OR. And then we try to get an explanation and look with a microscope. And then we say something that we later on called this bridging.  This is a phenomenon that can be seen only with a microscope, because you — all these meshes where you macroscopically see this emeshes where you macroscopically see this encapsulation, usually you see this bridging. But it can be otherwise round, that you don't see this macroscopic very thick scar plate there, but if you look with a microscope, you see that this scar bump look with a microscope, you see that this scar plut look with a microscope, you see that this scar bump look with a microscope, you see that this scar bump look with a microscope, you see that this scar bump look with a microscope. You don't supplied the third with look with a microscope. You don't supplied the week look with a microscope. You don't supplied the week look with a microscope. You don't supplied the week look		Confidential - Subject to Stipula		on and order or confractionaries
explanation and look with a microscope. And then we saw something that we later on called this bridging. This is a phenomenon that can be seen only with a microscope, because you — all these meshes where you macroscopically see this or encapsulation, usually you see this bridging. But it can be otherwise round, that you don't see this macroscopic very thick scar plate there, but if you look with a microscope, you see that this scar bump look with a microscope. You see that? Third sentence?  12 W. M.R. ANDERSON: Can we take a break look at this still your opinion look you will a the very bottom. It states this distribution look at your expert report fire or sit of all, I see Figure 1. There is this distribution of all itsee Figure 1. There is this distribution of all itsee Figure 1. There is this distribution of all itsee Figure 1. There is this distribution of all itsee Figure 1. There is		Page 319		Page 321
3 saw something that we later on called this bridging. 4 This is a phenomenon that can be seen 5 only with a microscope because you – all these 6 meshes where you macroscopically see this 7 encapsulation, usually you see this bridging. But 8 it can be otherwise round, that you don't see this 9 macroscopic very thick scar plate there, but if you 10 look with a microscope, you see that this scar bump 11 or scar path in the pores that limits the function. 12 BY MR. BROWN: 13 Q. Let me show you Exhibit 9. 14 MR. ANDERSON: Can we take a break. 15 before we hit Exhibit 9? 16 MR. BROWN: I'm going to hit just a 17 little bit of this bridging fibrosis and then we'll 18 take a break. 17 little bit of this bridging fibrosis and then we'll 18 take a break. 18 p. MR. ANDERSON: So you're looking at 19 MR. ANDERSON: So you're looking at 20 Exhibit 9 and Exhibit - is that 3? 21 MR. BROWN: 22 BY MR. BROWN: 23 Q. Doctor, that's your expert report. 24 Doctor, the place I'm going to let you look at on Exhibit 9; is page 111, which has got the section  Page 320  1 "Fibrotic bridging." 2 And, Doctor, to make sure, on Exhibit 9; its is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Do you see that? 11 A. Yes, I'm a co-author. 12 Q. It says, "This phenomenon." 13 Exhibit 9; this is a paper you're the co-author of? 24 A. Yes, I'm a co-author. 25 bridging at the very bottom. 26 It should be the second to last sentence where it says, "This phenomenon." 27 Do you see that? 28 bridging? 29 MR. ANDERSON: So you're blooking at the very bottom. 29 It should be the second to last sentence where it says. "This phenomenon." 30 Q. Doctor, finy ou would, if you would look at tyour expert report first on fibrotic bridging exists when granulomas size of the mesh." I should be the second to last sentence where it says. "This phenomenon." 31 Introvite bridging exists when granulomas size on the mesh of the pore size in there.  31 BY MR. BROWN: 32 Q. Doctor, fill state it this way. 33 G. Do you agee with your expert report is apper you'r	1	what we saw in the OR. And then we try to get an	1	THE WITNESS: I agree to this, yes.
This is a phenomenon that can be seen only with a microscope, because you — all these meshes where you macroscopically see this emeshes where you macroscopically see this or according to the seed of meshes where you macroscopically see this or macroscopic very thick scar plate there, but if you look with a microscope, you see that this scar bump and look at the third says. "Bridging occurs," do 's see that? "Bridging occurs," do 'y see that? Third sentence, where it says, "Bridging occurs in all mesh modifications with a granuloma size around er fibre to capaulo look at the third watever you need to.  Page 320  Tipitotic bridging."  And, Doctor, that's your expert report.  Page 320  Tipitotic bridging watevery out look at the third watevery you nodifications with a granuloma size around er fibre to capaulo look at on look at the with report size in there.  Page 320  Tipitotic bridging?  And, Doctor, that's your w	2	explanation and look with a microscope. And then we	2	BY MR. BROWN:
5 only with a microscope, because you — all these 6 meshes where you macroscopically see this 7 encapsulation, usually you see this bridging. But 8 it can be otherwise round, that you don't see this 9 macroscopic very thick scar plate there, but if you 10 look with a microscope, you see that this scar bump 11 or sear path in the pores that limits the function. 12 BY MR. BROWN: 13 Q. Let me show you Exhibit 9. 14 MR. ANDERSON: Can we take a break 15 before we hit Exhibit 9? 16 MR. BROWN: I'm going to hit just a 17 little bit of this bridging fibrosis and then we'll 18 take a break. 19 MR. ANDERSON: So you're looking at 19 MR. BROWN: Yes. 21 BY MR. BROWN: 22 BY MR. BROWN: 23 Q. Doctor, that's your expert report. 24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section  Page 320 1 "Fibrotic bridging." 2 And, Doctor, to make sure, on 25 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Q. Doctor, thy you would, if you would 6 look at your expert report first on fibrotic bridging exists when granulomas, side by side, form a common outer fibrotic capsule joining seach mesh fiber and forming a rigid 'scar plate' covering the whole mesh." 15 Is that your definition of fibrotic bridging? 16 MR. ANDERSON: Objection, asked and answered. 17 BY MR. BROWN: 18 WR. BROWN: 19 MR. ANDERSON: Objection, asked and answered. 19 Do you agree with your expert report 20 Doctor, fill state it this way. 21 Do you agree with your expert report 22 Doctor, the static this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is? 25 Do you agree with your expert report 26 Do you agree with your expert report 27 Do you agree with your expert report 28 DY MR. BROWN: 29 Do you agree with your expert report 20 Do you agree with your expert report 21 BY MR. BROWN: 22 Do you agree with your expert report 23 Do you agree with your expert report 24 that that's what fibrotic bridging is? 25 Do you agree with your expert report 26 Do you agree w	3	saw something that we later on called this bridging.	3	
6 meshes where you macroscopically see this 7 encapsulation, usually you see this bridging. But 8 it can be otherwise round, that you don't see this 9 macroscopic very thick scar plate there, but if you 10 look with a microscope, you see that this scar bump 11 or scar path in the pores that limits the function. 12 BY MR. BROWN: 13 Q. Let me show you Exhibit 9. 14 MR. ANDERSON: Can we take a break 15 before we hit Exhibit 9? 16 MR. ANDERSON: Time going to hit just a 17 little bit of this bridging fibrosis and then we'll 18 take a break. 19 MR. ANDERSON: So you're looking at 10 Exhibit 9 and Exhibit - is that 3? 21 MR. BROWN: 22 BY MR. BROWN: 23 Q. Doctor, that's your expert report. 24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section  Page 320 1 "Fibrotic bridging." 2 And, Doctor, the place I'm going to hit just a 16 today that "bridging occurs in all mesh 17 modifications with a granuloma size around es 18 fiber exceeding more than half of the pore size 19 the mesh"? Is that still your opinion? 20 A. So if I look at this article, first 21 of all, I see Figure I. There is this distribution 22 we just call about that we have been aware of 23 distribution of the pore sizes in there.  Page 320 1 "Fibrotic bridging." 2 And, Doctor, if you look at the third 8 sentence where it says, "Bridging occurs in all mesh 20 A. So if I look at this article, first 21 of all, I see Figure I. There is this distribution of the pore size in there.  Page 320 2 A. So if I look at this article, first 2 of Exhibit 9. 3 BY MR. ANDERSON: Figure 4 on pag 2 of Exhibit 9. 3 BY MR. BROWN: 4 Q. Doctor, if you would if you	4	This is a phenomenon that can be seen	4	Exhibit 9, page 11 under "Fibrotic bridging," the
rencapsulation, usually you see this bridging. But it can be otherwise round, that you don't see this so macroscopic very thick sear plate there, but if you look with a microscope, you see that this scar bump or scar path in the pores that limits the function.  BYMR. BROWN:  Whatever you need to.  BYMR. BROWN:  MR. ANDERSON: Can we take a break of this bridging fibrosis and then we'll take a break.  MR. ANDERSON: Take your time.  MR. ANDERSON: Can we take a break of this bridging fibrosis and then we'll take a break.  MR. ANDERSON: So you're looking at the web late a break of this bridging fibrosis and then we'll take a break.  MR. ANDERSON: So you're looking at this take a break of this bridging fibrosis and then we'll take a break.  MR. ANDERSON: So you're looking at this take a break of this bridging fibrosis and then we'll take a break.  MR. ANDERSON: So you're looking at this take a break of this bridging fibrosis and then we'll take a break.  MR. ANDERSON: So you're looking at this take a break of this bridging fibrosis is that 3?  MR. BROWN:  MR. ANDERSON: So you're looking at this take a break of this bridging occurs in all mesh modifications with a granuloma size around explored the mesh. The take a break of all, I see Figure 1. There is this distribution of all, I see Figure 1. There is this distribution of the pore size.  MR. ANDERSON: To make sure, on the mesh' of all, I see Figure 1. There is this distribution of the pore size in there.  Page 320  This take a break of this bridging.  And, Doctor, to make sure, on the place I'm going to let you look at on the pore size in the condition of the pore s	5	only with a microscope, because you all these	5	section.
8 it can be otherwise round, that you don't see this macroscopic very thick sear plate there, but if you look with a microscope, you see that this sear bump or scar path in the pores that limits the function.   10   10   10   10   10   10   10   1	6	meshes where you macroscopically see this	6	A. Uh-huh.
9 macroscopic very thick scar plate there, but if you 10 look with a microscope, you see that this sear bump 1 or scar path in the pores that limits the function. 12 BY MR. BROWN: 13 Q. Let me show you Exhibit 9. 14 MR. ANDERSON: Can we take a break 15 before we hit Exhibit 9? 16 MR. BROWN: I'm going to hit just a 17 little bit of this bridging fibrosis and then we'll 18 take a break. 19 MR. ANDERSON: So you're looking at 10 Exhibit 9 and Exhibit is that 3? 11 MR. BROWN: 12 BY MR. BROWN: 12 BY MR. BROWN: 13 MR. BROWN: Yes. 14 Bridging occurs. 15 Ibrotoc, it has break a break a break a break a break a break. 16 Ibrotoc, it has break a break a break a break a break a break. 17 Ibrotoc bridging. 18 MR. ANDERSON: So you're looking at the were break a break	7		7	•
10 look with a microscope, you see that this scar bump 11 or scar path in the pores that limits the function. 12 BY MR. BROWN: 13 Q. Let me show you Exhibit 9. 14 MR. ANDERSON: Can we take a break 15 before we hit Exhibit 9? 16 MR. BROWN: In going to hit just a 17 little bit of this bridging fibrosis and then we'll 18 take a break. 19 MR. ANDERSON: So you're looking at 20 Exhibit 9 and Exhibit is that 3? 21 MR. BROWN: 22 BY MR. BROWN: 23 Q. Doctor, that's your expert report. 24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section 26 Exhibit 9, this is a paper you're the co-author of? 27 And, Doctor, to make sure, on 28 Exhibit 9, this is a paper you're the co-author of? 29 Doctor, if you would, if you would 20 look at your expert report first on fibrotic 21 bridging at the very bottom. 22 ch mesh fiber and forming a rigid 'scar plate' 23 Co brown a common outer fibrotic coreing the whole mesh." 24 A. Yes, I see that. 25 Is that your definition of fibrotic 26 bridging? 27 And, Doctor, to make sure, on 38 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Do you see that? 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 cach mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 24 Do you agree with your expert report 25 Under the present a power of the present and the num going to be mesh," size of the mesh," size of the mesh," is that your opinion today to the mesh read town the department of the present and the present and the num going to be mesh read to th	8	•	8	sentence where it says, "Bridging occurs," do you
11 or scar path in the pores that limits the function. 12 BY MR. BROWN: 13 Q. Let me show you Exhibit 9. 14 MR. ANDERSON: Can we take a break 15 before we hit Exhibit 9? 16 MR. BROWN: I'm going to hit just a 17 little bit of this bridging fibrosis and then we'll 18 take a break. 19 MR. ANDERSON: So you're looking at 10 Exhibit 9 and Exhibit is that 3? 21 MR. BROWN: 22 BY MR. BROWN: 23 Q. Doctor, that's your expert report. 24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section 26 Exhibit 9 is page 111, which has got the section 27 I'Fibrotic bridging." 28 And, Doctor, to make sure, on 29 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh." 15 bridging? 16 MR. ANDERSON: Objection, asked and answered. 27 Doy Ou agree with your expert report. 28 WR. BROWN: 29 Doy Op agree with your expert report 20 Doctor, is it still your opinion today that "bridging occurs in all mesh modifications with a granuloma size around ce fiber exceeding more than half of the pore size in the mesh." 29 MR. ANDERSON: Figure 4 on pag of Exhibit 9 is a good tissue integration with the pore size in there. 20 MR. ANDERSON: Can he finish hance in the co-author of? 21 MR. ANDERSON: Maybe he's trying docurs in all mesh modifications with a granuloma size around ce distribution of the pore size. 29 MR. BROWN: 20 Doctor, if you would in y	9		9	see that? Third sentence?
12 BY MR. BROWN: 13 Q. Let me show you Exhibit 9. 14 MR. ANDERSON: Can we take a break 15 before we hit Exhibit 9? 16 MR. BROWN: I'm going to hit just a 17 little bit of this bridging fibrosis and then we'll 18 take a break. 19 MR. ANDERSON: So you're looking at 10 Exhibit 9 and Exhibit is that 3? 10 Doctor, the place I'm going to let you look at on 11 Exhibit 9 is page 111, which has got the section 12 Exhibit 9 is page 111, which has got the section 13 Exhibit 9, this is a paper you're the co-author of? 14 A. Yes, I'm a co-author. 15 Q. Doctor, it you would, if you would 16 look at your expert report first on fibrotic 17 bridging at the very bottom. 18 It should be the second to last 19 sentence where it says, "This phenomenon, nown as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 29 Q. Doctor, I'll state it this way. 20 Q. Doctor, I'll state it this way. 21 Do you agree with your expert report 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is? 25 Can be fiber exceeding more than half of the pore size in there. 26 I'm look at this article, first oday that "bridging occurs in all mesh modifications with a granuloma size around et fiber exceeding more than half of the pore size in the mesh." 26 A. So if I look at this article, first of all, I see Figure 1. There is this distribution of the pore sizes. On Figure 4, yo see what I think is a good tissue integration with these pore size in there.  1 MR. ANDERSON: Figure 4 on page of Exhibit 9.  2 of Exhibit 9.  3 BY MR. BROWN: 4 Q. Doctor, sin tay super from the half of the pore size of size of size in the mesh." 5 I'm lask that question. 6 MR. ANDERSON: Can he finish hands and the mesh." 6 MR. ANDERSON: Maybe he's trying don't know. 7 Q. Doctor, my question is this	10	* *	10	MR. ANDERSON: Take your time. Read
Q. Let me show you Exhibit 9.  MR. ANDERSON: Can we take a break  MR. BROWN: I'm going to hit just a  MR. BROWN: I'm going to hit just a  MR. ANDERSON: So you're looking at  MR. ANDERSON: So you're looking at  MR. BROWN: Yes.  BY MR. BROWN: Yes.  Doctor, the shibit 9 and Exhibit is that 3?  MR. BROWN: Yes.  Doctor, the place I'm going to let you look at on  Exhibit 9 is page 111, which has got the section  Page 320  "Fibrotic bridging."  And, Doctor, to make sure, on  And, Doctor, if you would, if you would  look at your expert report first on fibrotic  bridging at the very bottom.  It should be the second to last  sentence where it says, "This phenomenon."  Do you see that?  Q. It says, "This phenomenon, known as  Tibrotic bridging' exists when granulomas, side by  side, form a common outer fibrotic capsule joining  each mesh fiber and forming a rigid 'scar plate'  covering the whole mesh."  Is that your definition of fibrotic  bridging?  And, Doctor, if you would, if you would  look at your expert report first on fibrotic  bridging at the very bottom.  It should be the second to last  sentence where it says, "This phenomenon."  Do you see that?  Q. It says, "This phenomenon, known as  Tibrotic bridging' exists when granulomas, side by  side, form a common outer fibrotic capsule joining  each mesh fiber and forming a rigid 'scar plate'  covering the whole mesh."  Is that your definition of fibrotic  bridging?  And, Doctor, in make sure, on  MR. ANDERSON: Can he finish h  answer?  MR. ANDERSON: Can he finish h  answer?  MR. ANDERSON: Can he finish h  answer?  MR. ANDERSON: Maybe he's tryi  don't know.  BY MR. BROWN:  Q. Doctor, iny question is this  MR. ANDERSON: Objection.  Where it says, "Bridging occurs in  all mesh modifications with a granuloma size arounder  that that was what fibrotic bridging is?  A. So if I look at this attill your opinion?  A. So if I look at this attill your opinion?  A. So if I look at this attill your opinion?  A. So if I look at this attill your opinion?  A. So if I look at	11		11	•
before we hit Exhibit 9?  MR. BROWN: I'm going to hit just a little bit of this bridging fibrosis and then we'll little bit of this bridging fibrosis is?  MR. ANDERSON: Can he finish he he answers mine and then I'm going to - MR. ANDERSON: Objection. Say always have the bridging fibrosis is?  MR. ANDERSON: Objection, asked and answered.  BY MR. BROWN:  It should be the second to last side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh."  Is that your definition of fibrotic little bit his way.  Do you agree with your expert report little bit of this bridging fibrosis is?  A. This sentence says that if you have this a granuloma sizes, then you always have the bridging				
before we hit Exhibit 9?  MR. BROWN: I'm going to hit just a little bit of this bridging fibrosis and then we'll take a break.  MR. ANDERSON: So you're looking at little bit of this bridging fibrosis and then we'll take a break.  MR. ANDERSON: So you're looking at little bit of this bridging fibrosis and then we'll the thing of the pore size of the mesh." Is that still your opinion?  Exhibit 9 and Exhibit is that 3?  Doctor, the Place I'm going to let you look at on let hilb be provided its distribution of the pore sizes. On Figure 4, you we integration with the service of the section little bridging."  Page 320  Page 320  "Fibrotic bridging."  And, Doctor, to make sure, on little bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I'm a co-author.  But him your expert report first on fibrotic bridging at the very bottom.  And Yes, I'm should be the second to last sentence where it says, "This phenomenon."  Do you see that?  And Yes, I'm a common outer fibrotic capsule joining seach mesh fiber and forming a rigid 'scar plate' covering the whole mesh."  Is that your definition of fibrotic bridging?  MR. ANDERSON: Objection, asked and answered.  By MR. BROWN:  Q. Doctor, I'll state it this way.  Do you agree with your expert report and the thing only our expert report and show that we have been aware of the mesh." Is that your opinion?  A. So if look at this still your opinion?  A. So if look at this still your opinion?  A. So if look at this still your opinion?  A. So if look at this article, first of dill, I see Figure 1. There is this distribution of the pore sizes. On Figure 4, you see what I think is a good tissue integration with these pore size in there.  By MR. ANDERSON: Figure 4 on page of Exhibit 9.  By MR. BROWN:  MR. ANDERSON: Can he finish he answer?  MR. ANDERSON: Maybe he's trying don't know.  Q. Doctor, my question is this—  MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  MR. ANDERSON:		•		
16				• •
17 little bit of this bridging fibrosis and then we'll 18 take a break. 19 MR. ANDERSON: So you're looking at 20 Exhibit 9 and Exhibit is that 3? 21 MR. BROWN: Yes. 22 BY MR. BROWN: 23 Q. Doctor, that's your expert report. 24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section 26 Exhibit 9 is page 111, which has got the section 27 Page 320 28 This is a paper you're the co-author of? 28 A. Yes, I'm a co-author. 29 Joctor, if you would, if you would 20 look at your expert report first on fibrotic 20 Jo you see that? 21 A. Yes, I see that. 22 Q. It says, "This phenomenon." 23 Go you see that? 24 Side, form a common outer fibrotic capsule joining to each mesh fiber and forming a rigid 'scar plate' 29 Go Doctor, I'll state it this way. 20 Do you agree with your expert report 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is? 25 A. So if I look at this article, first of for all, I see Figure 1. There is this distribution of all, I see Figure 1. There is this distribution of all, I see Figure 1. There is this distribution of the pore sizes. On Figure 4, yo we just call about that we have been aware of the distribution of the pore sizes. On Figure 4 or all, yo we just call about that we have been aware of the mesh." 25 Gall, I see Figure 1. There is this distribution of the pore sizes. On Figure 4, yo see what I think is a good tissue integration with these pore sizes in there. 26 distribution of the pore sizes. On Figure 4, yo see what I think is a good tissue integration with the we have been aware of the speriment of distribution of the pore sizes. On Figure 4, yo see what I think is a good tissue integration with the pore sizes. On Figure 4 on page of Exhibit 9.  28 MR. ANDERSON: Figure 4 on page of Exhibit 9.  29 Opoctor, if you would. If you would answer?  10 MR. ANDERSON: Maybe he's tryit don't know.  11 MR. ANDERSON: Maybe he's tryit don't know.  12 MR. ANDERSON: Objection.			15	
18 take a break.  19 MR. ANDERSON: So you're looking at 20 Exhibit 9 and Exhibit is that 3?  21 Exhibit 9 and Exhibit is that 3?  22 BY MR. BROWN: Yes.  23 Q. Doctor, that's your expert report.  24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section  Page 320  1 "Fibrotic bridging."  2 And, Doctor, to make sure, on 3 Exhibit 9, this is a paper you're the co-author of?  4 A. Yes, I'm a co-author.  5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom.  8 It should be the second to last 9 sentence where it says, "This phenomenon."  10 Do you see that?  11 A. Yes, I see Figure 1. There is this distribution of the pore sizes. On Figure 4, yo see what I think is a good tissue integration wis these pore size in there.  1 MR. ANDERSON: Figure 4 on page of Exhibit 9.  3 BY MR. BROWN:  4 Q. Doctor, since you brought that up, 5 I'll ask that question.  6 MR. ANDERSON: Can he finish he answer?  8 MR. BROWN: 1 just want to make he answers mine and then I'm going to	16			
19 MR. ANDERSON: So you're looking at 20 Exhibit 9 and Exhibit is that 3? 21 MR. BROWN: 22 BY MR. BROWN: 23 Q. Doctor, that's your expert report. 24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section  Page 320  1 "Fibrotic bridging." 2 And, Doctor, to make sure, on 3 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining to covering the whole mesh." 17 Is that still your opinion? 20 A. So if I look at this article, first of all, I see Figure 1. There is this distribution of the pore sizes. On Figure 4, yo see what I think is a good tissue integration with these pore size in there.  1 MR. ANDERSON: Figure 4 on page of Exhibit 9.  2 of Exhibit 9 and the were would in the pre sizes. On Figure 4, yo see what I think is a good tissue integration with these pore size in there.  1 MR. ANDERSON: Figure 4 on page of Exhibit 9.  3 BY MR. BROWN: 4 Q. Doctor, since you brought that up, Fill ask that question. 5 MR. ANDERSON: Can he finish he answer? 5 MR. ANDERSON: Maybe he's trying don't know. 12 BY MR. BROWN: 13 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh." 16 covering the whole mesh." 17 Is that still your opinion? 18 MR. ANDERSON: Maybe he's trying don't know. 19 MR. ANDERSON: Maybe he's trying don't know. 19 MR. ANDERSON: Maybe he's trying don't know. 10 Q. Doctor, i'm question is this		<u> </u>		_
20 Exhibit 9 and Exhibit is that 3? 21 MR. BROWN: Yes. 22 BY MR. BROWN: 23 Q. Doctor, that's your expert report. 24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section  Page 320  1 "Fibrotic bridging." 2 And, Doctor, to make sure, on 3 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and answered. 20 Do you agree with your expert report 21 that that's what fibrotic bridging is? 22 A. So if I look at this article, first of all, I see Figure 1. There is this distribution of we just call about that we have been aware ofi distribution of the pore sizes. On Figure 4, yo see what I think is a good tissue integration wi these pore size in there.  Page 320  1 MR. ANDERSON: Figure 4 on page of Exhibit 9.  3 BY MR. BROWN: 1 lask that question. 4 Q. Doctor, since you brought that up, 1'll ask that question. 6 MR. ANDERSON: Can he finish he answer? 8 MR. BROWN: 1 just want to make he answers mine and then I'm going to				•
21 MR. BROWN: Yes. 22 BY MR. BROWN: 23 Q. Doctor, that's your expert report. 24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section  Page 320  1 "Fibrotic bridging." 2 And, Doctor, to make sure, on 3 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and answered. 20 Do you agree with your expert report 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is? 2 of Exhibit 9. 2 MR. ANDERSON: Figure 4 on page of Exhibit 9. 3 BY MR. BROWN: 4 Q. Doctor, since you brought that up, 5 I'll ask that question. 6 MR. ANDERSON: Can he finish h 7 answer? 8 MR. BROWN: 1 Just want to make he answers mine and then I'm going to 10 MR. ANDERSON: Maybe he's tryi don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of it size of the mesh," is that your opinion today or regard to what bridging fibrosis is? 14 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging. 15 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging.				
22 BY MR. BROWN: 23 Q. Doctor, that's your expert report. 24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section  Page 320  1 "Fibrotic bridging." 2 And, Doctor, to make sure, on 3 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 We just call about that we have been aware of idistribution of the pore sizes. On Figure 4, yo distribution of the pore sizes. On Figure 4, yo distribution of the pore sizes. On Figure 4, yo distribution of the pore sizes. On Figure 4, yo distribution of the pore sizes. On Figure 4, yo distribution of the pore sizes. On Figure 4, yo distribution of the pore sizes. On Figure 4, yo distribution of the pore sizes. On Figure 4, yo distribution of the pore sizes. On Figure 4, yo distribution of the pore sizes. On Figure 4, yo distribution of the pore sizes. On Figure 4 on page of Exhibit 9.  MR. ANDERSON: Figure 4 on page of Exhibit 9.  MR. ANDERSON: Figure 4 on page of Exhibit 9.  MR. ANDERSON: Figure 4 on page of Exhibit 9.  MR. ANDERSON: Figure 4 on page of Exhibit 9.  MR. ANDERSON: Figure 4 on page of Exhibit 9.  MR. ANDERSON: MR. BROWN:  10 MR. ANDERSON: MR. BROWN:  11 MR. ANDERSON: MR. BROWN:  12 MR. BROWN:  13 'fibrotic bridging' exists when granulomas, side by don't know.  14 MR. ANDERSON: Maybe he's tryi don't know.  15 BY MR. BROWN:  16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size				
Q. Doctor, that's your expert report.  24 Doctor, the place I'm going to let you look at on  25 Exhibit 9 is page 111, which has got the section  Page 320  1 "Fibrotic bridging."  2 And, Doctor, to make sure, on  3 Exhibit 9, this is a paper you're the co-author of?  4 A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would  6 look at your expert report first on fibrotic  7 bridging at the very bottom.  8 It should be the second to last  9 sentence where it says, "This phenomenon."  10 Do you see that?  11 A. Yes, I see that.  12 Q. It says, "This phenomenon, known as  13 'fibrotic bridging' exists when granulomas, side by  14 side, form a common outer fibrotic capsule joining  15 covering the whole mesh."  16 DR. ANDERSON: Objection, asked and  20 answered.  21 BY MR. BROWN:  22 Q. Doctor, I'll state it this way.  Do you agree with your expert report  24 that that's what fibrotic bridging is?  23 distribution of the pore sizes. On Figure 4, yo see what I think is a good tissue integration with these what I think is a good tissue integration with these whet lish is a good tissue integration with these whet lish is these pore size in there.  I MR. ANDERSON: Figure 4 on page of Exhibit 9.  BY MR. BROWN:  1 MR. ANDERSON: Can he finish he answer?  MR. ANDERSON: Maybe he's tryithe don't know.  12 BY MR. BROWN:  13 Q. Doctor, my question is this				
24 Doctor, the place I'm going to let you look at on 25 Exhibit 9 is page 111, which has got the section  Page 320  1 "Fibrotic bridging." 2 And, Doctor, to make sure, on 3 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 see what I think is a good tissue integration with these pore size in there.  Page 320  I these pore size in there.  PAR. ANDERSON: Figure 4 on page of Exhibit 9.  MR. ANDERSON: Figure 4 on page of Exhibit 9.  MR. ANDERSON: Output that up, 1 MR. ANDERSON: Can he finish hear answer? 1 MR. ANDERSON: Output that up, 2 MR. ANDERSON: Maybe he's trying don't know. 2 BY MR. BROWN: 2 Q. Doctor, my question is this				·
Page 320  Page 320  Page 320  Page 320  MR. ANDERSON: Figure 4 on page of Exhibit 9.  By MR. BROWN:  Rank Dector, if you would, if you would of bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I see that.  Q. It says, "This phenomenon, known as if ibrotic bridging exists when granulomas, side by side, form a common outer fibrotic capsule joining arigid 'scar plate' covering the whole mesh."  Is that your definition of fibrotic bridging?  MR. ANDERSON: Objection, asked and answered.  MR. ANDERSON: Objection, asked and answered.  Page 320  MR. ANDERSON: Figure 4 on page of Exhibit 9.  MR. ANDERSON: Figure 4 on page of Exhibit 9.  MR. ANDERSON: Figure 4 on page of Exhibit 9.  MR. ANDERSON: Objection.  MR. ANDERSON: Can he finish heanswer?  MR. ANDERSON: I just want to make heanswers mine and then I'm going to  MR. ANDERSON: Maybe he's trying don't know.  Do you see that.  Q. Doctor, my question is this  MR. ANDERSON: Objection.  MR. ANDERSON: Maybe he's trying don't know.  Do you agree with your definition of fibrotic objection.  MR. ANDERSON: Objection.  MR		- · · · · · · · · · · · · · · · · · · ·		
Page 320  1 "Fibrotic bridging."  And, Doctor, to make sure, on  3 Exhibit 9, this is a paper you're the co-author of?  4 A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would  6 look at your expert report first on fibrotic  7 bridging at the very bottom.  8 It should be the second to last  9 sentence where it says, "This phenomenon."  10 Do you see that?  11 A. Yes, I see that.  12 Q. It says, "This phenomenon, known as  13 'fibrotic bridging' exists when granulomas, side by  14 side, form a common outer fibrotic capsule joining  15 each mesh fiber and forming a rigid 'scar plate'  16 covering the whole mesh."  17 Is that your definition of fibrotic  18 bridging?  MR. ANDERSON: Objection, asked and  answered.  21 BY MR. BROWN:  22 Q. Doctor, I'll state it this way.  Do you agree with your expert report  24 that that's what fibrotic bridging is?  Page 320  I MR. ANDERSON: Figure 4 on page of Exhibit 9.  BY MR. BROWN:  1 MR. ANDERSON: Go brought that up,  1 MR. ANDERSON: Can he finish h  answer?  MR. ANDERSON: Maybe he's tryi  don't know.  12 BY MR. BROWN:  13 Q. Doctor, my question is this  MR. ANDERSON: Objection.  14 MR. ANDERSON: Maybe he's tryi  don't know.  15 BY MR. BROWN:  16 Q. Doctor, my question is this  MR. ANDERSON: Objection.  17 All mesh modifications with a granuloma size  18 bridging?  19 MR. ANDERSON: Objection, asked and  20 regard to what bridging fibrosis is?  21 A. This sentence says that if you have  22 thist, these very huge granuloma sizes, then you  23 always have the bridging.				
1 "Fibrotic bridging." 2 And, Doctor, to make sure, on 3 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  1 MR. ANDERSON: Figure 4 on page of Exhibit 9. 3 BY MR. BROWN: 4 Q. Doctor, since you brought that up, 5 I'll ask that question. 6 MR. ANDERSON: Can he finish h 7 answer? 8 MR. BROWN: I just want to make 9 he answers mine and then I'm going to 10 MR. ANDERSON: Maybe he's tryith don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today of the size of the mesh," is that your opinion today of the size of the mesh, is that your opinion today of the size of the mesh, is that your opinion today of the size of the mesh, is that your opinion today of the size of the mesh, is that your opinion today of the size of the mesh, is that your opinion today of the size of the mesh, is that your opinion today of the size of the mesh, is that your opinion today of the size of the mesh, is that your opinion today of the size of the mesh, is that your opinion today of the size of the mesh, is that your opinion today of the size of the mesh, is that your opinion today	25	Exhibit 9 is page 111, which has got the section	25	these pore size in there.
2 And, Doctor, to make sure, on 3 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  2 of Exhibit 9. 3 BY MR. BROWN: 4 Q. Doctor, since you brought that up, 5 I'll ask that question. 6 MR. ANDERSON: Can he finish h 7 answer? 8 MR. BROWN: I just want to make 9 he answers mine and then I'm going to 10 MR. ANDERSON: Maybe he's tryi 11 don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in 17 all mesh modifications with a granuloma size 18 each mesh, "is that your opinion today or 19 is zize of the mesh," is that your opinion today or 20 regard to what bridging fibrosis is? 21 A. This sentence says that if you have 22 this, these very huge granuloma sizes, then you 23 always have the bridging. 24 Q. So in fact	1			
2 And, Doctor, to make sure, on 3 Exhibit 9, this is a paper you're the co-author of? 4 A. Yes, I'm a co-author. 5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  2 of Exhibit 9. 3 BY MR. BROWN: 4 Q. Doctor, since you brought that up, 5 I'll ask that question. 6 MR. ANDERSON: Can he finish h 7 answer? 8 MR. BROWN: I just want to make 9 he answers mine and then I'm going to 10 MR. ANDERSON: Maybe he's tryi 11 don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in 17 all mesh modifications with a granuloma size 18 each mesh, "is that your opinion today or 19 is zize of the mesh," is that your opinion today or 20 regard to what bridging fibrosis is? 21 A. This sentence says that if you have 22 this, these very huge granuloma sizes, then you 23 always have the bridging. 24 Q. So in fact		Page 320		Page 322
4 A. Yes, I'm a co-author. 5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  4 Q. Doctor, since you brought that up, 5 I'll ask that question. 6 MR. ANDERSON: Can he finish h 7 answer? 8 MR. BROWN: 1 just want to make 9 he answers mine and then I'm going to 10 MR. ANDERSON: Maybe he's tryit don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today or regard to what bridging fibrosis is? 16 Q. Doctor, I'll state it this way. 17 Do you agree with your expert report 18 GR. ANDERSON: Objection. 19 Size of the mesh," is that your opinion today or regard to what bridging fibrosis is? 20 This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging. 21 Q. So in fact	1	_	1	_
5 Q. Doctor, if you would, if you would 6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  5 I'll ask that question. 6 MR. ANDERSON: Can he finish h 7 answer? 8 MR. BROWN: 1 just want to make 9 he answers mine and then I'm going to 10 MR. ANDERSON: Maybe he's tryi 11 don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today or regard to what bridging fibrosis is? 16 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging. 17 A. Yes, I see that. 18 BY MR. BROWN: 19 MR. ANDERSON: Objection, asked and all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today or regard to what bridging fibrosis is? 18 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging. 19 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging. 19 A. This sentence says that if you have the bridging. 20 A. So in fact		"Fibrotic bridging."		MR. ANDERSON: Figure 4 on page 108
6 look at your expert report first on fibrotic 7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  6 MR. ANDERSON: Can he finish h 7 answer?  8 MR. BROWN: 1 just want to make 9 he answers mine and then I'm going to 10 MR. ANDERSON: Maybe he's tryi 11 don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 15 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today or regard to what bridging fibrosis is? 15 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging. 16 MR. ANDERSON: Maybe he's tryi 17 don't know. 18 BY MR. BROWN: 19 MR. ANDERSON: Objection. 19 BY MR. BROWN: 10 MR. ANDERSON: Objection. 10 MR. ANDERSON: Maybe he's tryi 11 don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today or regard to what bridging fibrosis is? 16 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging. 17 A. This sontence says that if you have the bridging. 18 A. This sontence says that if you have the bridging. 19 A. This sontence says that if you h	2	"Fibrotic bridging."  And, Doctor, to make sure, on	2	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9.
7 bridging at the very bottom. 8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  7 answer? 8 MR. BROWN: I just want to make 9 he answers mine and then I'm going to 10 MR. ANDERSON: Maybe he's tryi 10 MR. ANDERSON: Maybe he's tryi 11 don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today to regard to what bridging fibrosis is? 16 A. This sentence says that if you have 22 this, these very huge granuloma sizes, then you always have the bridging. 24 Q. So in fact	2 3	"Fibrotic bridging."  And, Doctor, to make sure, on Exhibit 9, this is a paper you're the co-author of?	2	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN:
8 It should be the second to last 9 sentence where it says, "This phenomenon." 10 Do you see that? 11 A. Yes, I see that. 12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  8 MR. BROWN: I just want to make 9 he answers mine and then I'm going to 10 MR. ANDERSON: Maybe he's tryi 10 MR. ANDERSON: Maybe he's tryi 11 don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today or regard to what bridging fibrosis is? 18 A. This sentence says that if you have 22 this, these very huge granuloma sizes, then you 23 always have the bridging. 24 Q. So in fact	2 3 4	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.	2 3 4	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up,
9 sentence where it says, "This phenomenon."  10 Do you see that?  11 A. Yes, I see that.  12 Q. It says, "This phenomenon, known as  13 'fibrotic bridging' exists when granulomas, side by  14 side, form a common outer fibrotic capsule joining  15 each mesh fiber and forming a rigid 'scar plate'  16 covering the whole mesh."  17 Is that your definition of fibrotic  18 bridging?  19 MR. ANDERSON: Objection, asked and  20 answered.  21 BY MR. BROWN:  22 Q. Doctor, I'll state it this way.  23 Do you agree with your expert report  24 that that's what fibrotic bridging is?  9 he answers mine and then I'm going to  10 MR. ANDERSON: Maybe he's tryit don't know.  12 BY MR. BROWN:  13 Q. Doctor, my question is this  14 MR. ANDERSON: Objection.  15 BY MR. BROWN:  16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today or regard to what bridging fibrosis is?  20 regard to what bridging fibrosis is?  21 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging.  22 that that's what fibrotic bridging is?  23 always have the bridging.	2 3 4 5	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would	2 3 4 5	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up,
Do you see that?  A. Yes, I see that.  Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining to each mesh fiber and forming a rigid 'scar plate' to covering the whole mesh."  BY MR. BROWN:  MR. ANDERSON: Objection.  BY MR. BROWN:  Q. Doctor, my question is this  MR. ANDERSON: Objection.  BY MR. BROWN:  Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today of the mesh," is that your opinion today of the mesh," is that your opinion today or regard to what bridging fibrosis is?  BY MR. BROWN:  BY MR. BROWN:  A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging.  A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging.  A. So in fact	2 3 4 5 6	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic	2 3 4 5 6	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his
11 A. Yes, I see that.  12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  11 don't know. 12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in 17 all mesh modifications with a granuloma size each mesh fiber exceeding more than half of a size of the mesh," is that your opinion today we this, these very huge granuloma sizes, then you always have the bridging. 24 Q. So in fact	2 3 4 5 6 7	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.	2 3 4 5 6 7	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his
12 Q. It says, "This phenomenon, known as 13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  12 BY MR. BROWN: 13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today or regard to what bridging fibrosis is? 21 A. This sentence says that if you have 22 this, these very huge granuloma sizes, then you always have the bridging. 24 Q. So in fact	2 3 4 5 6 7 8	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last	2 3 4 5 6 7 8	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure
13 'fibrotic bridging' exists when granulomas, side by 14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  13 Q. Doctor, my question is this 14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in 17 all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today to regard to what bridging fibrosis is? 21 A. This sentence says that if you have 22 this, these very huge granuloma sizes, then you always have the bridging. 24 Q. So in fact	2 3 4 5 6 7 8	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."	2 3 4 5 6 7 8	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure
14 side, form a common outer fibrotic capsule joining 15 each mesh fiber and forming a rigid 'scar plate' 16 covering the whole mesh." 17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  14 MR. ANDERSON: Objection. 15 BY MR. BROWN: 16 Q. Where it says, "Bridging occurs in 17 all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today or regard to what bridging fibrosis is? 21 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging. 24 Q. So in fact	2 3 4 5 6 7 8 9	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?	2 3 4 5 6 7 8 9	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We
each mesh fiber and forming a rigid 'scar plate'  16 covering the whole mesh."  17 Is that your definition of fibrotic  18 bridging?  19 MR. ANDERSON: Objection, asked and  20 answered.  21 BY MR. BROWN:  22 Q. Doctor, I'll state it this way.  23 Do you agree with your expert report  24 that that's what fibrotic bridging is?  15 BY MR. BROWN:  16 Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size each mesh fiber exceeding more than half of size of the mesh," is that your opinion today we regard to what bridging fibrosis is?  21 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging.  22 Q. So in fact	2 3 4 5 6 7 8 9 10	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I see that.	2 3 4 5 6 7 8 9 10	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know.
16 covering the whole mesh."  17 Is that your definition of fibrotic  18 bridging?  19 MR. ANDERSON: Objection, asked and  20 answered.  21 BY MR. BROWN:  22 Q. Doctor, I'll state it this way.  23 Do you agree with your expert report  24 that that's what fibrotic bridging is?  16 Q. Where it says, "Bridging occurs in  17 all mesh modifications with a granuloma size  18 each mesh fiber exceeding more than half of a size of the mesh," is that your opinion today or regard to what bridging fibrosis is?  21 A. This sentence says that if you have  22 this, these very huge granuloma sizes, then you always have the bridging.  23 always have the bridging.  24 Q. So in fact	2 3 4 5 6 7 8 9 10 11	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I see that.  Q. It says, "This phenomenon, known as	2 3 4 5 6 7 8 9 10 11	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN:
17 Is that your definition of fibrotic 18 bridging? 19 MR. ANDERSON: Objection, asked and 20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is?  17 all mesh modifications with a granuloma size each mesh fiber exceeding more than half of the size of the mesh," is that your opinion today to regard to what bridging fibrosis is? 21 A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging. 23 always have the bridging. 24 Q. So in fact	2 3 4 5 6 7 8 9 10 11 12 13	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I see that.  Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining	2 3 4 5 6 7 8 9 10 11 12 13	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection.
bridging?  MR. ANDERSON: Objection, asked and many answered.  BY MR. BROWN:  Q. Doctor, I'll state it this way.  Do you agree with your expert report  that that's what fibrotic bridging is?  18 each mesh fiber exceeding more than half of a size of the mesh," is that your opinion today or regard to what bridging fibrosis is?  A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging.  24 Q. So in fact	2 3 4 5 6 7 8 9 10 11 12 13	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I see that.  Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate'	2 3 4 5 6 7 8 9 10 11 12 13 14	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection.
MR. ANDERSON: Objection, asked and answered.  MR. ANDERSON: Objection, asked and answered.  BY MR. BROWN:  Q. Doctor, I'll state it this way.  Do you agree with your expert report always have the bridging.  A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging.  A. This sentence says that if you have always have the bridging.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	"Fibrotic bridging." And, Doctor, to make sure, on Exhibit 9, this is a paper you're the co-author of? A. Yes, I'm a co-author. Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom. It should be the second to last sentence where it says, "This phenomenon." Do you see that? A. Yes, I see that. Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh."	2 3 4 5 6 7 8 9 10 11 12 13 14	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection. BY MR. BROWN: Q. Where it says, "Bridging occurs in
20 answered. 21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is? 20 regard to what bridging fibrosis is? 21 A. This sentence says that if you have 22 this, these very huge granuloma sizes, then you always have the bridging. 23 always have the bridging. 24 Q. So in fact	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I see that.  Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh."  Is that your definition of fibrotic	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection. BY MR. BROWN: Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size around
21 BY MR. BROWN: 22 Q. Doctor, I'll state it this way. 23 Do you agree with your expert report 24 that that's what fibrotic bridging is? 21 A. This sentence says that if you have 22 this, these very huge granuloma sizes, then you always have the bridging. 23 always have the bridging. 24 Q. So in fact	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I see that.  Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh."  Is that your definition of fibrotic bridging?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection. BY MR. BROWN: Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size around each mesh fiber exceeding more than half of the pore
Q. Doctor, I'll state it this way.  Do you agree with your expert report  that that's what fibrotic bridging is?  22 this, these very huge granuloma sizes, then you always have the bridging.  Q. So in fact	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I see that.  Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh."  Is that your definition of fibrotic bridging?  MR. ANDERSON: Objection, asked and	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection. BY MR. BROWN: Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh," is that your opinion today with
Do you agree with your expert report 23 always have the bridging. 24 that that's what fibrotic bridging is? 24 Q. So in fact	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I see that.  Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh."  Is that your definition of fibrotic bridging?  MR. ANDERSON: Objection, asked and answered.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection. BY MR. BROWN: Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh," is that your opinion today with regard to what bridging fibrosis is?
24 that that's what fibrotic bridging is? 24 Q. So in fact	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	"Fibrotic bridging."  And, Doctor, to make sure, on  Exhibit 9, this is a paper you're the co-author of?  A. Yes, I'm a co-author.  Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom.  It should be the second to last sentence where it says, "This phenomenon."  Do you see that?  A. Yes, I see that.  Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh."  Is that your definition of fibrotic bridging?  MR. ANDERSON: Objection, asked and answered.  BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection. BY MR. BROWN: Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh," is that your opinion today with regard to what bridging fibrosis is? A. This sentence says that if you have
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	"Fibrotic bridging." And, Doctor, to make sure, on Exhibit 9, this is a paper you're the co-author of? A. Yes, I'm a co-author. Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom. It should be the second to last sentence where it says, "This phenomenon." Do you see that? A. Yes, I see that. Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh." Is that your definition of fibrotic bridging? MR. ANDERSON: Objection, asked and answered. BY MR. BROWN: Q. Doctor, I'll state it this way.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection. BY MR. BROWN: Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh," is that your opinion today with regard to what bridging fibrosis is? A. This sentence says that if you have this, these very huge granuloma sizes, then you
MR. ANDERSON: Well. objection.   25 A. You may have bridging or you wil	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	"Fibrotic bridging." And, Doctor, to make sure, on Exhibit 9, this is a paper you're the co-author of? A. Yes, I'm a co-author. Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom. It should be the second to last sentence where it says, "This phenomenon." Do you see that? A. Yes, I see that. Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh." Is that your definition of fibrotic bridging? MR. ANDERSON: Objection, asked and answered. BY MR. BROWN: Q. Doctor, I'll state it this way. Do you agree with your expert report	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection. BY MR. BROWN: Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh," is that your opinion today with regard to what bridging fibrosis is? A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging.
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	"Fibrotic bridging." And, Doctor, to make sure, on Exhibit 9, this is a paper you're the co-author of? A. Yes, I'm a co-author. Q. Doctor, if you would, if you would look at your expert report first on fibrotic bridging at the very bottom. It should be the second to last sentence where it says, "This phenomenon." Do you see that? A. Yes, I see that. Q. It says, "This phenomenon, known as 'fibrotic bridging' exists when granulomas, side by side, form a common outer fibrotic capsule joining each mesh fiber and forming a rigid 'scar plate' covering the whole mesh." Is that your definition of fibrotic bridging? MR. ANDERSON: Objection, asked and answered. BY MR. BROWN: Q. Doctor, I'll state it this way. Do you agree with your expert report that that's what fibrotic bridging is?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	MR. ANDERSON: Figure 4 on page 108 of Exhibit 9. BY MR. BROWN: Q. Doctor, since you brought that up, I'll ask that question. MR. ANDERSON: Can he finish his answer? MR. BROWN: I just want to make sure he answers mine and then I'm going to MR. ANDERSON: Maybe he's trying. We don't know. BY MR. BROWN: Q. Doctor, my question is this MR. ANDERSON: Objection. BY MR. BROWN: Q. Where it says, "Bridging occurs in all mesh modifications with a granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh," is that your opinion today with regard to what bridging fibrosis is? A. This sentence says that if you have this, these very huge granuloma sizes, then you always have the bridging. Q. So in fact

Page 323 Page 325 1 have bridging even if the granuloma size is less. it this way first. 2 This sentence has been one of the first attempts to 2 On your expert report, you say, 3 get an idea to predict bridging. 3 Doctor, that the granulomas -- strike that. 4 Q. Okay. You say "fibrotic bridging' exists 5 A. In this experiment that is described when" the "granulomas, side by side, form a common 6 by reference 47, there it was the first time that we outer fibrotic capsule." had the impression that it can be related to the So are you saying that the granulomas need to be side by side, touching, so that a scar size of the granuloma, but this is not sufficient. 9 So bridging fibrosis, those were the plate then forms over the top? 10 10 granulomas from one fiber to another fiber, the MR. ANDERSON: Objection, asked and 11 granulomas are actually touching each other; is that 11 answered. 12 12 right? Go ahead. 13 13 A. No, that is not right. It is not the THE WITNESS: This expresses that you 14 granuloma that necessarily bridges between the 14 have the outer fibrotic capsule around the fibrotic filaments, but it is the appearance of this scar capsule, and then you have this joining band in throughout the pores formed by fibroblasts and between. It is not necessarily that when you collagen. And the absence of this bridging, you see measure the size of the foreign body granuloma, that 18 in Figure 4F that you don't see this bridging. this has to have direct contact. If you are looking 19 Q. So 4F, there is not bridging 19 to the images there, you see that the foreign body 20 20 fibrosis; is that correct? granuloma can be -- can have a little -- some sort 21 A. 4F in this image, there is no, that 21 of distance, but, nevertheless, you have a filling 22 out of the pores by scar formation. 22 is correct. 23 23 And so, Doctor, I just want to come BY MR. BROWN: O. back to your expert report to make sure I understand 24 Q. Doctor, then --25 25 So if you like -- if you have some correctly. A. Page 324 Page 326 pictures and images, we can have a look to it, and 1 When the granulomas touch and are side by side, as you say, that's when you have this then we have to define on the images, that is a 3 scar plate that forms over the top of the pores; is foreign body granuloma, that is scar tissue, that is that right? the inflammatory infiltrate, that is a fibrotic 5 capsule. And then the only important question then MR. ANDERSON: Objection. 6 Do you understand his question? is, did you see fat tissue within the pores or did 7 THE WITNESS: Yeah, yeah. you see scar tissue. I think that is the most 8 8 MR. ANDERSON: Okay. Take your time. relevant question. 9 9 THE WITNESS: If you had this O. How much space do you need between bridging, this scar, this scar, and you're coming to 10 the granulomas for the fat tissue to grow in 10 11 11 between? the foreign body, this scar usually goes into the 12 12 fibrotic capsule there, because the primary This is not -- sorry. 13 granuloma is surrounded by scar tissue, and then if This is not the right question, 14 it's close together, then this scar crosses the because it depends from the time point. If you are entire pore. It is not necessarily the inflammatory measuring the foreign body granuloma, the size of 16 infiltrate that has to have a contact between the 16 the foreign body granuloma at various time points, 17 filaments there. So that is sometimes the confusion 17 after 21 days, you have a larger size of this 18 that may appear that you sometimes refer to the granuloma. After 90 days, you have a smaller size 19 infiltrate there and sometimes to the scar formation 19 of the granuloma. So the size of the granuloma 20 20 there. changes over time. 21 BY MR. BROWN: 21 Nevertheless, if you are looking 22 Q. Doctor, if you look on your 22 after two years whether there was some bridging in Exhibit 9 --23 23 this field, you have some textiles where you have 24 A. 24 this bridging and you don't have -- or you have some Uh-huh. 25 -- do you see, Doctor -- let me ask where you don't have it. And, therefore, at all the Q.

Page 329 Page 327 1 human explants, we measure the distance between the THE WITNESS: So the first statement 2 was whether it's generalized accepted or -filaments. And we have seen from our experience 3 3 BY MR. BROWN: from all our analyses that if you are looking at the distance between the filaments, you have a critical O. Are there any studies that you're 5 distance of about 1 millimeter if you have a aware of that identify how much space is needed polypropylene filament there. And for the PVDF we between the granulomas for fat tissue to grow in 7 7 found that less, was about 600 microns or between? 8 500 microns in this field. A. So, first of all, the general 9 When you have a smaller distance, you statement that there is bridging when the filaments 10 usually have bridging in this. When you have are coming close together, I think it's generally 11 larger, you usually don't, there is less risk for 11 accepted, it is in the documents from Ethicon, it is 12 12 in the documents of the literature. So I think getting this bridging there. So it is the distance 13 13 between the filaments, because the distance between there is no criticism to this conception. 14 14 the granulomas is very hard to objectify and to Unfortunately, experimental 15 measure precisely, it depends from many things. 15 measurements or measurements at human explants to 16 16 Doctor, don't we measure the size of define what is the critical border for bridging, 17 granulomas all the time? I mean, you -- let me there are only few data. And, unfortunately, I 18 think the study which clearly showed this was done restate that. 19 19 by ourselves, where we looked at the point where we You've measured in your studies the 20 20 distance of the granulomas. Correct? saw some bridging, it is this study that first 21 21 We measure the distance -- for author is Joachim Conze. 22 22 defining the distance for bridging, we measure the Doctor, did that study say how much 23 distance between the filaments. And that is what is 23 space was needed between the granulomas for tissue done in -- at the analysis of the human explants as to grow in between? 25 25 well. A. This study, amongst others, says a Page 328 Page 330 1 Q. But, Doctor, don't you also measure 1 lot of things. It says at what limit, at what how much granuloma forms around the fibers? 2 distance we have a high risk for bridging scar 3 Yes, of course. And, therefore, we tissue, not tissue ingrowth. It was not a study to once had the idea that the size of the granuloma check tissue ingrowth in general. It was just predicts the later onset of a bridging. In an referring to the problem of scar bridging or 6 animal experiment comparing different materials, in whatever unit. There are a lot of possible ways to 7 this setting, we had the impression that the effect misunderstand this, but... 8 8 of bridging was related to the size of the O. Doctor, this is all I'm asking, is if 9 granuloma. But there were a lot of other 9 you know if there is a distance between the 10 confounders. 10 granulomas that allows the tissue to integrate. 11 11 O. And --Do you know that distance? 12 12 MR. ANDERSON: Wait. Let him finish. MR. ANDERSON: Objection, asked and 13 13 Go ahead. answered. He said it depends on time point. 14 Do you have more to say? 14 MR. BROWN: He hasn't answered it. 15 15 THE WITNESS: No. MR. ANDERSON: Yeah, he said it. He 16 MR. ANDERSON: Okay. 16 said it depends on time point. You heard that. 17 17 BY MR. BROWN: BY MR. BROWN: 18 18 Doctor, is it generally understood or What I want to know is, can you tell 19 published anywhere on how much distance between the me if it's 10 microns, 20 microns, 100 microns, what 20 granulomas -- strike that. 20 is the distance between the granulomas for tissue to 21 Is it generally recognized in any 21 ingrow? 22 studies on how much space is necessary between the MR. ANDERSON: Objection. BY MR. BROWN: 23 granulomas for fat tissue to grow in between? 23 24 MR. ANDERSON: Objection. 24 And if it's a difference between 25 Go ahead. days, then you can tell me the difference in days if

	confidencial babyees so beigain		on and order or confractionarity
	Page 331		Page 333
1	you know that.	1	this animal experiment comparing different things.
2	MR. ANDERSON: Objection.	2	So it is not sufficient to predict the risk for
3	Go ahead.	3	bridging by only looking to the size of the
4	THE WITNESS: If you want to know	4	granuloma.
5	what is the distance for tissue ingrowth, I think it	5	MR. BROWN: Let's take a break.
6	is 50 microns maybe. A cell has 5 microns. And if	6	
7	you define tissue as three or five cells together,	7	(A recess was taken from 10:32 a.m.
8	then you are in the range of maybe 50 microns, then	8	to 10:45 a.m.)
9	you have some sort of cell ingrowth.	9	
10	If you are discussing the problem of	10	BY MR. BROWN:
11	bridging, scar bridging, it is our current	11	Q. Doctor, let me get you to go back and
12	knowledge, and was for a long time, that it is about	12	look at Exhibit 15, if you would.
13	1 millimeter for if you use Prolene®. And this	13	A. 15?
14	is in agree in accordance with what Klosterhalfen	14	Q. Right here.
15	said at all these meetings, what has been on the	15	Doctor, if you'll take a look at page
16	PowerPoint presentations when they define the	16	132, if you look at page 132, Doctor, I'm looking on
17	requirements. So to avoid this scar bridging,	17	the right column here.
18	1 millimeter is considered as critical.	18	And if you look where it says, "The
19	BY MR. BROWN:	19	size of the granuloma margins"?
20	Q. Let me ask you one or two more	20	MR. ANDERSON: Top part or bottom
21	questions and then we'll take a break and we'll talk	21	part?
22	about the 1 millimeter.	22	MR. BROWN: Top part.
23	Doctor, let's come back and look at	23	MR. ANDERSON: Got it now.
24	Exhibit 9. Under "Fibrotic bridging," it was that	24	BY MR. BROWN:
25	sentence that you and I were talking about, which	25	Q. It's about right in the middle where
	Page 332		Page 334
1	is, "The bridging occurs," the third sentence?	1	it's got some different measurements.
1 2	_	1 2	it's got some different measurements.  A. Yes, I see it.
	is, "The bridging occurs," the third sentence?		it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just
2	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.	2 3 4	it's got some different measurements.  A. Yes, I see it. Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.
2 3 4 5	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:	2 3	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of
2 3 4 5 6	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that	2 3 4 5 6	it's got some different measurements.  A. Yes, I see it. Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of 43.5 microns; is that right?
2 3 4 5 6 7	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh	2 3 4 5 6 7	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of  43.5 microns; is that right?  A. That is right. So written in the
2 3 4 5 6 7 8	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of	2 3 4 5 6 7 8	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of  43.5 microns; is that right?  A. That is right. So written in the text.
2 3 4 5 6 7 8	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just	2 3 4 5 6 7 8	it's got some different measurements.  A. Yes, I see it. Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh. It's got a granuloma size of 43.5 microns; is that right? A. That is right. So written in the text. Q. Now, Doctor, if you would, take
2 3 4 5 6 7 8 9	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.	2 3 4 5 6 7 8 9	it's got some different measurements.  A. Yes, I see it. Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of 43.5 microns; is that right?  A. That is right. So written in the text.  Q. Now, Doctor, if you would, take Exhibit 13, which is you can hold them both open.
2 3 4 5 6 7 8 9 10	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if	2 3 4 5 6 7 8 9 10	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of  43.5 microns; is that right?  A. That is right. So written in the text.  Q. Now, Doctor, if you would, take  Exhibit 13, which is you can hold them both open.  MR. ANDERSON: 13 is that PowerPoint?
2 3 4 5 6 7 8 9 10 11	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.	2 3 4 5 6 7 8 9 10 11 12	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of  43.5 microns; is that right?  A. That is right. So written in the text.  Q. Now, Doctor, if you would, take  Exhibit 13, which is you can hold them both open.  MR. ANDERSON: 13 is that PowerPoint?  MR. BROWN: Yes.
2 3 4 5 6 7 8 9 10 11 12 13	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it	2 3 4 5 6 7 8 9 10 11 12 13	it's got some different measurements.  A. Yes, I see it. Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.
2 3 4 5 6 7 8 9 10 11 12 13 14	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications	2 3 4 5 6 7 8 9 10 11 12 13	it's got some different measurements.  A. Yes, I see it. Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications with a granuloma size at around each mesh fiber	2 3 4 5 6 7 8 9 10 11 12 13 14	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of 43.5 microns; is that right?  A. That is right. So written in the text.  Q. Now, Doctor, if you would, take Exhibit 13, which is you can hold them both open.  MR. ANDERSON: 13 is that PowerPoint?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Looking on the fourth page of Exhibit 13, which is the picture of the pore, do you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications with a granuloma size at around each mesh fiber exceeding more than half of the pore size of the	2 3 4 5 6 7 8 9 10 11 12 13 14 15	it's got some different measurements.  A. Yes, I see it. Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications with a granuloma size at around each mesh fiber exceeding more than half of the pore size of the mesh," isn't that saying that bridging occurs when	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	it's got some different measurements.  A. Yes, I see it. Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications with a granuloma size at around each mesh fiber exceeding more than half of the pore size of the mesh," isn't that saying that bridging occurs when the mesh or when the granulomas touch each other?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of  43.5 microns; is that right?  A. That is right. So written in the text.  Q. Now, Doctor, if you would, take  Exhibit 13, which is you can hold them both open.  MR. ANDERSON: 13 is that PowerPoint?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Looking on the fourth page of  Exhibit 13, which is the picture of the pore, do you see that, Doctor?  A. Yes, I see this.  Q. Now, Doctor, here's what I want you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications with a granuloma size at around each mesh fiber exceeding more than half of the pore size of the mesh," isn't that saying that bridging occurs when the mesh or when the granulomas touch each other?  A. This sentence, as I told you before,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	it's got some different measurements.  A. Yes, I see it. Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of  43.5 microns; is that right?  A. That is right. So written in the text. Q. Now, Doctor, if you would, take Exhibit 13, which is you can hold them both open.  MR. ANDERSON: 13 is that PowerPoint?  MR. BROWN: Yes.  BY MR. BROWN: Q. Looking on the fourth page of Exhibit 13, which is the picture of the pore, do you see that, Doctor?  A. Yes, I see this. Q. Now, Doctor, here's what I want you to explain for me, is explain
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications with a granuloma size at around each mesh fiber exceeding more than half of the pore size of the mesh," isn't that saying that bridging occurs when the mesh or when the granulomas touch each other?  A. This sentence, as I told you before, is the reference is 47, it's in animal	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	it's got some different measurements.  A. Yes, I see it. Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications with a granuloma size at around each mesh fiber exceeding more than half of the pore size of the mesh," isn't that saying that bridging occurs when the mesh or when the granulomas touch each other?  A. This sentence, as I told you before, is the reference is 47, it's in animal experiments. We can go to this study if you like	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of  43.5 microns; is that right?  A. That is right. So written in the text.  Q. Now, Doctor, if you would, take  Exhibit 13, which is you can hold them both open.  MR. ANDERSON: 13 is that PowerPoint?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Looking on the fourth page of  Exhibit 13, which is the picture of the pore, do you see that, Doctor?  A. Yes, I see this.  Q. Now, Doctor, here's what I want you to explain for me, is explain  Doctor, you can use the very  Do you see where that yellow line is
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications with a granuloma size at around each mesh fiber exceeding more than half of the pore size of the mesh," isn't that saying that bridging occurs when the mesh or when the granulomas touch each other?  A. This sentence, as I told you before, is the reference is 47, it's in animal experiments. We can go to this study if you like and discuss these studies, but in fact, it has	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of  43.5 microns; is that right?  A. That is right. So written in the text.  Q. Now, Doctor, if you would, take  Exhibit 13, which is you can hold them both open.  MR. ANDERSON: 13 is that PowerPoint?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Looking on the fourth page of  Exhibit 13, which is the picture of the pore, do you see that, Doctor?  A. Yes, I see this.  Q. Now, Doctor, here's what I want you to explain for me, is explain  Doctor, you can use the very  Do you see where that yellow line is that's going north and south?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications with a granuloma size at around each mesh fiber exceeding more than half of the pore size of the mesh," isn't that saying that bridging occurs when the mesh or when the granulomas touch each other?  A. This sentence, as I told you before, is the reference is 47, it's in animal experiments. We can go to this study if you like and discuss these studies, but in fact, it has been as I tried to explain before, it has been	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of  43.5 microns; is that right?  A. That is right. So written in the text.  Q. Now, Doctor, if you would, take  Exhibit 13, which is you can hold them both open.  MR. ANDERSON: 13 is that PowerPoint?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Looking on the fourth page of  Exhibit 13, which is the picture of the pore, do you see that, Doctor?  A. Yes, I see this.  Q. Now, Doctor, here's what I want you to explain for me, is explain  Doctor, you can use the very  Do you see where that yellow line is that's going north and south?  A. Yes, I see this.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	is, "The bridging occurs," the third sentence?  MR. ANDERSON: He's going back to this sentence.  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, why would you say in that statement that, "Granuloma size around each mesh fiber exceeding more than half of the pore size of the mesh causes bridging" if well, let me just ask this.  Is that sentence not stating that if the granulomas strike that.  On your third sentence there when it says, "Bridging occurs in all mesh modifications with a granuloma size at around each mesh fiber exceeding more than half of the pore size of the mesh," isn't that saying that bridging occurs when the mesh or when the granulomas touch each other?  A. This sentence, as I told you before, is the reference is 47, it's in animal experiments. We can go to this study if you like and discuss these studies, but in fact, it has	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	it's got some different measurements.  A. Yes, I see it.  Q. Now, I'm looking at the let's just look at the 90 days for the lightweight mesh.  It's got a granuloma size of  43.5 microns; is that right?  A. That is right. So written in the text.  Q. Now, Doctor, if you would, take  Exhibit 13, which is you can hold them both open.  MR. ANDERSON: 13 is that PowerPoint?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Looking on the fourth page of  Exhibit 13, which is the picture of the pore, do you see that, Doctor?  A. Yes, I see this.  Q. Now, Doctor, here's what I want you to explain for me, is explain  Doctor, you can use the very  Do you see where that yellow line is that's going north and south?

Page 335 Page 337 going in about a 30-degree angle? THE WITNESS: In the middle of these, 2 with the distance, if you have a granuloma size of Yes, I see this. 3 Now, Doctor, help me explain, or help about 60 microns, around 60 microns, and you have to Q. 4 explain to me, how, with a granuloma of around, what consider it on both side of the filaments, means 5 did we say, 43.5 microns, that that can bridge with 120 microns, then at every distance that is bigger 6 another fiber that's almost 1,200 microns apart? than 120 microns, you will not see this contact 7 MR. ANDERSON: Objection. between these two granulomas. However, this does 8 Go ahead. not reflect reality, because you usually not always 9 THE WITNESS: As I tried to explain have circular granuloma, but it has some different 10 before the break, bridging cannot reduce to the size 10 shape. 11 of the granuloma. And, of course, if you sign in 11 BY MR. BROWN: 12 12 this figure the granuloma was 43 microns there after Now, Doctor, you've talked about the 13 13 90 days, you have a smooth layer around the 1 millimeter pore size as being the distance that 14 filaments. If you marked it after 7 days, you have 14 you want a pore to be; is that correct? 15 a bigger size of the granuloma. After 21 days, you 1 millimeter between the fibers; is that right? 16 have another size of the granuloma coming around 16 MR. ANDERSON: Objection. these filaments here in this field. But, of course, 17 Go ahead. 18 18 it is not filling out -- the granuloma is not THE WITNESS: We have observed from 19 filling out the entire pores. That is -- I think our microscopically evaluations that when we have a 20 this is a simple fact, if you are coming from a size cross-section where the distance between of 40 microns and have a construction like this one. 21 polypropylene filaments is 1 millimeter, then we 22 So, therefore, I just want to repeat that the have good chance not to see this scar bridging. 23 23 filling out of the pores by scar tissue is not Therefore, we are convinced that 1 millimeter decisively defined by the size of the granuloma. distance is a critical border. However, we know BY MR. BROWN: that sometimes cross-section is showing a filament Page 336 Page 338 And, Doctor, you mentioned that the that is more or less diagonal. So if you -- may I 1 Q. 2 pores -- I'm sorry, strike that. draw? Yeah? 3 3 BY MR. BROWN: You mentioned that the microns can change with the different days. 0. 5 A. So sometimes you have a cross-section And I think from the literature, the 6 greatest degree of granuloma was 59 microns at 21 with a filament like this, but it may be that this 7 days; is that right? is a bending, a binding here where the filaments are 8 A. The greatest size of the granuloma in linked together. And if you make a cross-section 9 this chapter is 150 microns. here in this field, then you have a distance of 10 For the lightweight mesh, Doctor? 10 1 millimeter, but maybe there is not a distance to 11 A. For another mesh. So it varies the other. Therefore, we know that there -- that 12 depending on the structure of the mesh. But the 12 you need these 1 millimeter to all sides. 13 biggest in this setting, only in this setting, the All right. Now, Doctor, is the 14 biggest size of the granuloma is 150. 1 millimeter distance that you are talking about, 15 What's the biggest size for the does it take into consideration the radius of the 16 16 fiber? lightweight mesh, Doctor? 17 17 For the lightweight, in this This general border of this 18 experiment, it is -- so it is 59 after 21 days. 18 1 millimeter does not -- or we didn't modify this 19 19 1 millimeter border for various sizes of the 20 And, Doctor, you would agree with me filaments, though we know that, maybe for the old or that just by measuring the granulomas, that those that for the very thick-sized filaments, maybe the 21 granulomas would not touch in this pore that I've 22 distance has to be bigger. But most of the meshes 23 shown you in Exhibit 13; is that correct? 23 that are currently available have a size of the 24 MR. ANDERSON: Objection. 24 thread between 90 and 120 microns. And in this 25 Go ahead. range, we didn't see this big difference.

Page 339 Page 341 1 Q. And, Doctor, did you take into 1 Q. Weyhe is the -consideration whether the fiber was multifilament or 2 A. W-E-A --3 multifilament? 3 MR. ANDERSON: W-E-Y-H-E. 4 MR. ANDERSON: Did you say multi or 4 BY MR. BROWN: multi? You mean mono or multi? 5 Q. Do you know what year that study was 6 MR. BROWN: Did I? I'm sorry. 6 in, Weyhe? 7 Thanks. In the Journal of Surgery, maybe A. 8 BY MR. BROWN: 8 2006. 9 9 O. Did you take into consideration for MR. ANDERSON: '7, I think. 10 your 1 millimeter distance whether the fiber was 10 THE WITNESS: Around. 11 multifilament or monofilament? 11 BY MR. BROWN: 12 12 O. And then is there Bellon, is that --The experimental basis for the 13 13 definition of this critical limit was done with A. Bellon. 14 monofilaments, and there is only limited experience 14 MR. ANDERSON: B-E-L-L-O-N. with multifilaments, as well in the collection of 15 BY MR. BROWN: human explants from Professor Klosterhalfen, because 16 Q. And what year was that study? 17 17 multifilaments are not very often used in Germany. They published I think more than 25, 18 Now, Doctor, this 1 millimeter theory 30 articles, making a lot of experimental work since 19 that you have, has it been generally accepted by any the '90s. So permanently every year one or two 20 societies? articles, one studies, and some of them are focused 21 21 on PTFE, but some are having it in the title that MR. ANDERSON: Objection. 22 22 THE WITNESS: We are presenting this, they showed lightweight, large pore is better than 23 the advantage of, let me say, large pores of the the other. tissue ingrowth for the benefit of the patient since 24 Q. Does Bellon, their group, do they say late '90s. And so far, I realize there has no -that you need 1 millimeter pore sizes or bridging Page 340 Page 342 1 I've -- I didn't -- never notice any scientific fibrosis take place? 2 criticism to the fact that you have this scar No. They -- so far I know and formation that pore size is critical for tissue remember the articles, they were not able to give a ingrowth, but I know a lot of studies from others specific data to define this. 5 that confirmed this, the importance of the pore 5 O. I want to talk about effective 6 size. Yeah. porosity, something you've written about in your 7 BY MR. BROWN: report; is that correct? 8 8 Doctor, what other studies can you A. Yes. 9 9 point to that are outside of your group here in Doctor, when you want to determine 10 Germany who have stated that you need 1 millimeter 10 how a mesh will react in the body, you want to 11 11 simulate the environment it's going to be placed; is between the fibers or bridging fibrosis takes place? 12 12 As I said, the studies or the data that right? 13 for defining where exactly this critical border is, A. Please say that again? 14 this is limited. This is limited to the studies of 14 Q. Yes, yes, yes. 15 15 our group. When you want to determine how a mesh 16 But on the other hand, the proof that is going to react in the body, you want to simulate 17 smaller, real small pores, there is a study of 17 that place it's going to be located; is that right? 18 18 Weyhe, who clearly showed that fleece-like I don't know what is meant with 19 structures with very, very small pores, that they 19 simulate the situation, in what regard this is 20 20 have a huge intensified inflammation despite meant. reduction of the weight. So this is -- Weyhe has 21 Q. Sure. 22 made one of the studies that confirmed the impact of 22 When you want to determine how a mesh 23 pore size for the inflammation. And Bellon is --23 is going to react in the body, you want to make it 24 the group around Bellon, they confirmed this by similar to what's going to happen in the body with experimental studies as well. regard to forces; is that correct?

Page 345 Page 343 after using this mesh materials. And then we came 1 MR. ANDERSON: Objection. 2 You can answer. up with a solution that it is porosity, because this 3 THE WITNESS: The aim is not just to is the only one that is widely -- yeah, that 4 make it similar. As Professor Williams pointed out predicts a little the tissue integration, and this 5 can be standardized in an objective fashion to in his report, or some others, there is no one 6 single setting to make it similar to the human compare different textile structures. 7 situation. But you have to collect lots of data BY MR. BROWN: from different settings, from different models and 8 O. Doctor, when you determine effective 9 put them all together and find the best solution to porosity, you're saying that there's going to be --10 compensate your requirements that you have defined there needs to be 1 millimeter of distance between 11 there. That is the way you may find the optimum. 11 the fibers. You put a strain on the mesh, and if 12 that strain brings the fibers below 1 millimeter, 12 But it is not that you are looking for a model that 13 13 can completely mirror the situation in the humans. then it's not effective; is that correct? 14 14 BY MR. BROWN: MR. ANDERSON: Objection. 15 15 O. You want to try to get it as close as THE WITNESS: The principle behind you can, though; is that right? With all the data this conception of an effective porosity is, first 17 taken together, you want to get -- strike that. of all, that you need a certain pore size to lower 18 the risk for this bridging. The testing that you do, you want 19 that testing to be as close as it can be to what's 19 BY MR. BROWN: 20 20 going to happen in the body so that you know how Q. And that's 1 millimeter. Correct? 21 21 that mesh is going to react in the body; is that No. That is in principle, that is A. 22 22 the basic idea in between or behind this conception. right? 23 23 MR. ANDERSON: Objection. So the next point was to get a measurement that can 24 Go ahead. reflect the area where these large pores are put in 25 THE WITNESS: There are many or are measured. And this area of the good pores is Page 344 Page 346 different tests to see what happens in the body. named as effective porosity in relation to the total 2 2 There are many different models to see. And there size of this. 3 is no one single test that can reflect what happens So this was the principle, and we in the body. The challenge was, if you refer to established this method to do so. Then if we refer 5 this effective porosity, the challenge was that -to the literature, and there -- as I said, there is 6 we have been asked to demonstrate typical -only this reference from Conze, that we took as the 7 specific characterization of mesh materials which critical value for the use or when polypropylene is 8 8 are able to predict the tissue ingrowth, the risk of used, this 1 millimeter to make the cutoff for the 9 9 some shrinkage or other complications. good pores and the bad pores. 10 10 And I started in 2010 to ask all the And then you talked about a strain 11 11 that's being placed on the mesh, and if that strain manufacturers in Germany to provide some textile 12 12 data to make this characterization of this mesh causes it to be less than 1 millimeter, then the 13 pore is not effective; is that right? material. And they sent in a huge amount of 14 different values there, different technology to 14 Α. So this was --15 15 assess porosity, stability, elasticity, a mixup of MR. ANDERSON: Objection. 16 16 various methods. THE WITNESS: First of all, this was 17 17 So, finally, I got a huge Excel sheet the conception of the effective porosity, to define 18 there with all these data from the different a large pore in all sides with a certain diameter. 19 products of the different manufacturers, but all 19 This was, from our point of view, satisfying in a 20 these properties or variables are not sufficient to field of tension-free repair. We know that with 21 define critical differences between these things. 21 pores that are bigger than this, we have a lowered 22 And that was the reason that we have to think about 22 risk of fibrotic bridging in this. 23 it, to simplify it for the surgeon and to give a 23 In the case of where a tension free risk indicator for what they may expect, what is the 24 cannot be accepted totally, as in the hiatal area,

risk for them, what they may expect, what happens

in my field, or in the pelvic floor as well, then

Page 347 Page 349 1 you have to consider this collapse of the pores. 1 MR. BROWN: Ben, it's cited in his 2 And if you have a -- then, of course, this can be expert report. He talks all about it. 3 3 reflected by mentioning the effective porosity. MR. ANDERSON: He cites 200 things in 4 And we were surprised that there are his expert report. You expect him to remember everything in there? Come on. a lot of textile structures which show, even at very 6 6 low strain, a completely collapse of the pore sizes. 7 7 And from our experience, this is a -- has been a (Deposition Exhibit No. Klinge-17, 8 Expert report of Prof. Dr. Thomas Muhl, very good explanation for what we saw in -- with the 9 9 tissues of the explanted meshes. When you look to was marked for identification.) 10 the -- with the microscope to these explants and 10 11 look to the scarring there in this, then this change 11 BY MR. BROWN: 12 under strain that has not been considered before, to Doctor, you agree there was a strain that was put on the mesh; is that right? 13 my knowledge, in the literature, this is a very good 13 14 reflection of what happens in the tissues. 14 The strain was 10 kilogram at a width 15 15 BY MR. BROWN: of the sample of 10 centimeters, so, finally, it was 16 a strain of 9.8 newton per centimeter there that was Q. Doctor, the strain that you applied 17 in your article, "New Objective Measurements to put in this setting to the mesh. 18 Characterize the Porosity of Textile Implants" in And is that force derived from hernia 19 2007, did that strain come from measurements for 19 pressures or from pelvic floor pressures? 20 hernia repair? 20 This force reflects our knowledge 21 21 that we should be below 16 newton per centimeters. 22 22 (Deposition Exhibit No. Klinge-16, MR. ANDERSON: 16 as in 1-6? 23 23 Article entitled "New Objective THE WITNESS: 16 newton per 24 Measurement to Characterize the Porosity centimeters. For the range, we assume to be quite 25 of Textile Implants", was marked for physiological strain in either area of the abdominal Page 350 Page 348 cavity. It was not specific for abdominal wall, not 1 identification.) 2 specific for the groin or pelvic floor or hiatal 3 MR. RESTAINO: Did you mark that as a area. It was -- for the demonstration, what 4 new exhibit? happens, first attempts to test this with a strain MR. BROWN: As 16, Exhibit 16. 5 where we felt that it is not beyond any reasonable 6 BY MR. BROWN: 6 ranges. 7 7 BY MR. BROWN: Doctor, the strain that was placed, 8 8 was it derived from hernia strain or from pelvic Doctor, if you look on the abstract 9 floor strain? on the very first page, the last sentence, it says, 10 MR. ANDERSON: Give him an "Further in vivo studies have to investigate, 11 whether the preservation of a high effective opportunity to look at the document, if you would. 12 MR. BROWN: Ben, if we're going to 12 porosity under stress may help to improve 13 read each and every document, this is one that's biocompatibility of textile implants." 14 cited in his expert report, it's a real waste of Doctor, do you know if this effective 15 15 porosity idea that you have, do you know if that was time. 16 16 ever tested in vivo? MR. ANDERSON: I didn't ask him to 17 17 read the entire document, but he has a right to be I think it is there is no -- I don't 18 18 able to put your question into context. So just to know any specific -- in vivo, if you are thinking of 19 throw out a question and hand him a document is not 19 an animal experiments, we tested it ourself in the 20 fair. He's written a lot of articles. hiatal area. We compared it to, or we used two 21 And, for the record, he has not taken different devices, one with a structural instability 22 the time to review each and every word of any of the and one with a high structural stability. And we 23 exhibits you have given him, but he has glanced at 23 saw an intense fibrosis with a structural 24 them in order to refresh his memory to be able to 24 instability. That is a confirmation in vivo, in an answer your questions. animal test. There are on the market --

	Confidential - Subject to Stipula		
	Page 351		Page 353
1	Q. What was the name of that study?	1	Q. Doctor, let me
2	A. What?	2	A. Somewhere he clearly described what
3	Q. What was the name of that study?	3	he's using and the reason why he's using it.
4	A. It is a study that has been done in	4	Q. Doctor, let me ask you this.
5	the project where we developed these visible meshes	5	On page 14, that's not the body of
6	with the FEG here.	6	Prolift®, is it?
7	Q. What date was it published, do you	7	A. Again, we have to look. I know there
8	know?	8	is somewhere he described why he took the body of
9	A. It is ongoing, there is in	9	or the arms of the Prolift® and why he took the body
10	preparation.	10	of soft Prolene® mesh or Gynemesh® and the reason
11	Q. So it has not been published?	11	for this and where he explained what is depicted
12	A. Not been published yet.	12	there. So we can yeah. I will find out for you
13	Q. Is this documents that you have on	13	and can explain, but I know it's written there
14	your computer about these studies?	14	somewhere. So I don't see I'm not able to
15	A. I have documents, yes.	15	explain it just by looking through this.
16	Q. Doctor, there go ahead.	16	Q. Doctor, all I'm asking, on page 14,
17	A. But there is in vivo, there is	17	that piece of mesh, that's not the body of Prolift®,
18	you may not call it a test. But if you are looking	18	is it?
19	to all the different devices that are used in	19	MR. ANDERSON: Well, objection, asked
20	humans, you have differences in the structural	20	and answered. He clearly just answered your
21	stability in the moment. So we will learn in the	21	question and said he would have to look. If you
22	near future whether there are some of these devices	22	want him to look, he will look.
23	behaved better than others.	23	MR. BROWN: Ben
24		24	
	Q. Doctor, I'm showing you, this is Dr.		MR. ANDERSON: What?
25	Muhl's report. And it's marked as Exhibit 17.	25	BY MR. BROWN:
		1	
	Page 352		Page 354
1	Page 352 Doctor, if you look on page 8 of Dr.	1	Q. Let me ask you this, Doctor.
1 2	Doctor, if you look on page 8 of Dr.	1 2	Q. Let me ask you this, Doctor.
	Doctor, if you look on page 8 of Dr. Muhl's report.		Q. Let me ask you this, Doctor.  That piece of mesh on page 14, is
2	Doctor, if you look on page 8 of Dr.	2	Q. Let me ask you this, Doctor.  That piece of mesh on page 14, is that in the shape of Prolift®?
2 3	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?	2 3	Q. Let me ask you this, Doctor.  That piece of mesh on page 14, is that in the shape of Prolift®?  A. No. The shape of Prolift® is
2 3 4	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want	2 3 4	Q. Let me ask you this, Doctor.  That piece of mesh on page 14, is that in the shape of Prolift®?  A. No. The shape of Prolift® is different to the shape of this.
2 3 4 5	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?	2 3 4 5	Q. Let me ask you this, Doctor.  That piece of mesh on page 14, is that in the shape of Prolift®?  A. No. The shape of Prolift® is different to the shape of this.  Q. Thank you.
2 3 4 5 6	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his	2 3 4 5 6	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is
2 3 4 5 6 7	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.	2 3 4 5 6 7	Q. Let me ask you this, Doctor.  That piece of mesh on page 14, is that in the shape of Prolift®?  A. No. The shape of Prolift® is different to the shape of this.  Q. Thank you.
2 3 4 5 6 7 8	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his	2 3 4 5 6 7 8	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right?
2 3 4 5 6 7 8	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?	2 3 4 5 6 7 8	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know.
2 3 4 5 6 7 8 9	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:	2 3 4 5 6 7 8 9	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of
2 3 4 5 6 7 8 9 10	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:	2 3 4 5 6 7 8 9 10	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know.
2 3 4 5 6 7 8 9 10 11	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's	2 3 4 5 6 7 8 9 10 11	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding?
2 3 4 5 6 7 8 9 10 11 12 13	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?	2 3 4 5 6 7 8 9 10 11 12 13	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction.
2 3 4 5 6 7 8 9 10 11 12 13	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?  MR. ANDERSON: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding? MR. ANDERSON: Objection.
2 3 4 5 6 7 8 9 10 11 12 13 14	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?  MR. ANDERSON: Objection.  THE WITNESS: I refer to these	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding? MR. ANDERSON: Objection. THE WITNESS: No. He did it in two directions.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?  MR. ANDERSON: Objection.  THE WITNESS: I refer to these measurements, yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding? MR. ANDERSON: Objection. THE WITNESS: No. He did it in two directions. BY MR. BROWN:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?  MR. ANDERSON: Objection.  THE WITNESS: I refer to these measurements, yes.  BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding? MR. ANDERSON: Objection. THE WITNESS: No. He did it in two directions. BY MR. BROWN: Q. So he pulled it in two directions?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?  MR. ANDERSON: Objection.  THE WITNESS: I refer to these measurements, yes.  BY MR. BROWN:  Q. And, Doctor, if you look, Dr. Muhl	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding? MR. ANDERSON: Objection. THE WITNESS: No. He did it in two directions. BY MR. BROWN: Q. So he pulled it in two directions? A. And he made an uniaxial strain to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?  MR. ANDERSON: Objection.  THE WITNESS: I refer to these measurements, yes.  BY MR. BROWN:  Q. And, Doctor, if you look, Dr. Muhl did not actually test the Prolift®. He tested	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding? MR. ANDERSON: Objection. THE WITNESS: No. He did it in two directions. BY MR. BROWN: Q. So he pulled it in two directions? A. And he made an uniaxial strain to this, and then he repeated this measurement in a
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?  MR. ANDERSON: Objection.  THE WITNESS: I refer to these measurements, yes.  BY MR. BROWN:  Q. And, Doctor, if you look, Dr. Muhl did not actually test the Prolift®. He tested Prolene® Soft Mesh; is that correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding? MR. ANDERSON: Objection. THE WITNESS: No. He did it in two directions. BY MR. BROWN: Q. So he pulled it in two directions? A. And he made an uniaxial strain to this, and then he repeated this measurement in a perpendicular direction.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?  MR. ANDERSON: Objection.  THE WITNESS: I refer to these measurements, yes.  BY MR. BROWN:  Q. And, Doctor, if you look, Dr. Muhl did not actually test the Prolift®. He tested Prolene® Soft Mesh; is that correct?  MR. ANDERSON: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding? MR. ANDERSON: Objection. THE WITNESS: No. He did it in two directions. BY MR. BROWN: Q. So he pulled it in two directions? A. And he made an uniaxial strain to this, and then he repeated this measurement in a perpendicular direction. Q. And uniaxial means that you're
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?  MR. ANDERSON: Objection.  THE WITNESS: I refer to these measurements, yes.  BY MR. BROWN:  Q. And, Doctor, if you look, Dr. Muhl did not actually test the Prolift®. He tested Prolene® Soft Mesh; is that correct?  MR. ANDERSON: Objection.  THE WITNESS: So far we can have a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding? MR. ANDERSON: Objection. THE WITNESS: No. He did it in two directions. BY MR. BROWN: Q. So he pulled it in two directions? A. And he made an uniaxial strain to this, and then he repeated this measurement in a perpendicular direction. Q. And uniaxial means that you're pulling from what does uniaxial mean to you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Doctor, if you look on page 8 of Dr.  Muhl's report.  MR. ANDERSON: Did you say 17? 17?  MR. BROWN: Yes.  MR. ANDERSON: What page did you want him to go to?  MR. BROWN: Page 8. Page 8 of his actual report, Doctor.  MR. ANDERSON: This one?  MR. BROWN: Yes.  BY MR. BROWN:  Q. Doctor, you have relied on Dr. Muhl's testing to come up with effective porosity; is that correct?  MR. ANDERSON: Objection.  THE WITNESS: I refer to these measurements, yes.  BY MR. BROWN:  Q. And, Doctor, if you look, Dr. Muhl did not actually test the Prolift®. He tested Prolene® Soft Mesh; is that correct?  MR. ANDERSON: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Let me ask you this, Doctor. That piece of mesh on page 14, is that in the shape of Prolift®? A. No. The shape of Prolift® is different to the shape of this. Q. Thank you. Dr. Muhl is not a medical doctor; is that right? A. He's not a medical doctor so far I know. Q. And Dr. Muhl was holding the piece of mesh and then pulling it in one direction. Is that your understanding? MR. ANDERSON: Objection. THE WITNESS: No. He did it in two directions. BY MR. BROWN: Q. So he pulled it in two directions? A. And he made an uniaxial strain to this, and then he repeated this measurement in a perpendicular direction. Q. And uniaxial means that you're

Page 355 Page 357 1 strain in all directions may be even better 1 Uniaxial means that you have one main direction where you applied the force, with all the appropriate to simulate this, to reflect this. 3 limitations, that it depends that is affected by the However, we are very limited to get a biomechanical direction of the machine fibers, that it depends characterization in multiple directions. 5 from the width of the sample, that it depends from BY MR. BROWN: 6 the length of the sample, it depends from the load, O. And in the pelvic floor, there are from the terminal load, because usually it's a multiaxial pressures. Correct? 8 nonlinear reaction, so all these limitations are MR. ANDERSON: Objection. 9 9 there. THE WITNESS: In the pelvic floor, 10 Q. Now, Doctor, the forces in the pelvic there are structures that are stressed from multiple 11 floor are not coming from one direction. Correct? 11 directions. 12 12 BY MR. BROWN: MR. ANDERSON: Objection. 13 13 And if you have forces from multiple Go ahead. 14 THE WITNESS: The forces in the 14 directions, that can affect the mesh different from 15 pelvic floor, there are many different areas to be forces in one direction. Correct? considered. There are many different directions to 16 From my understanding, that is 17 be considered. There are different models to be correct, that it is -- that the uniaxial has its 18 considered. And so far, what I know from all the limitations. 19 19 discussions with our pelvic floor colleagues, there Q. Now, Doctor, the force placed on the is an ongoing --20 mesh arms, if you go back to page 12, ranges from 20 21 BY MR. BROWN: 21 0 grams to 1,000 grams; is that correct? 22 Doctor, I'm just asking you if the 22 A. That is correct. 23 23 pelvic floor forces come from one direction. That's Doctor, where did you come up with all my question is. the theory that there is 500 grams or 1,000 grams of 25 So does the pelvic floor forces come pressure for the arms of Prolift® in the pelvic Page 356 Page 358 from one direction? 1 floor? 2 2 MR. ANDERSON: Same objection. And MR. ANDERSON: Objection as to the 3 he was trying to answer your question, so please go characterization. 4 Go ahead. 5 BY MR. BROWN: 5 THE WITNESS: The idea was to test 6 If you just answer my question. whether the textile structure collapses under some Q. 7 MR. ANDERSON: Well, he's trying to. mechanical strain. And, therefore, we have to 8 THE WITNESS: I want to come close to define the range. We have to test this one. Of course, if you imagine any biological system, you 9 your question, of course. There is an ongoing 10 discussion how to consider the biomechanics of the 10 have various different levels of mechanical strain. 11 pelvic floor best, either by considering flat areas You have peak strain, you have a permanent strain 12 12 that later on may be reinforced by meshes, or and so on. And so there is not one figure that whether it can be reflected best by assuming that 13 reflects the biology completely. you have some ligaments keeping the -- or 14 But if, considering the literature, 15 stabilizing the pelvic floor. And reflecting this for example, we -- I have the -- or I'm sure that 16 ongoing discussion there, there are -- there should the strain is less than 10 newton per centimeter, be considered different models how this mechanical 17 and, therefore, we made this investigation to see strain has to be considered for the pelvic floor. whether in this -- under this mechanical strain, you 19 19 For those guys, believing that it's mainly see -- already see a collapse of structure and to 20 ligaments. And if you make a reinforcement of the 20 what extent you see this deformation of the mesh. tissue, mainly to reinforce the ligaments, the 21 BY MR. BROWN: 22 22 assumption that you have an uniaxial strain in this Q. Doctor, did you --23 field may be the best we have in the moment; 23 A. And, therefore, we choose this range whereas, in other areas where you believe that it is for up to 1,000 grams, because we were convinced an area that has to be reinforced, a multiaxial that it is not helpful to see it with a higher

Page 359 Page 361 1 mechanical load. 1 THE WITNESS: There is no -- to my 2 Q. Doctor, did you decide that the mesh knowledge, there is no detailed literature 3 should be tested between 0 grams and 1,000 grams or confirming that 500 grams is the best value ever, did Dr. Muhl decide that or did you both? but if you're looking to the biomechanical analyzers 5 A. Both. from the French, mainly Cosson, his group, there is 6 O. And, Doctor, again, what specific a lot of studies indicating that you have to 7 literature or what specific experience do you have consider a load of less than 10 newton per 8 that tells you that there is up to 500 grams or centimeter. 9 9 1,000 grams of force on the arms in Prolift®? BY MR. BROWN: 10 MR. ANDERSON: Objection, asked and 10 So Cosson says you have to consider 11 11 less than 10 newtons per centimeter? answered. 12 12 Go ahead. 85, they tried to define this comfort 13 THE WITNESS: There are a lot of -zone, yes. In this group, they provided a lot of 13 14 so I had -- I looked to all these -- to many 14 these data. 15 15 articles, looking to the biomechanics of the pelvic O. And how less than the 10 per 16 floor. And I realized that, again, the tissue 16 centimeters? 17 usually ruptures at forces that are more than 10 Α. What? 18 18 You said that Cosson considered less newton per centimeters, or 20, 20 newton per Q. 19 centimeters. So, therefore, we were quite sure that 19 than 10 centimeters --20 20 in the pelvic or the pelvic tissue, there is a limit A. Newton. Newton. 21 21 of 20 newton per centimeters as an upper force. Sorry. Newtons per centimeter. O. 22 22 And we didn't want to test in a So what did Cosson say was the supraphysiological range there, and, therefore, we 23 pressure on the arms in Prolift®? decided to be below 1 kilogram. The decision to 24 I didn't make any statement to this, take 250 and 500 depends on the equipment and on the but we can look through all the literature of this Page 360 Page 362 1 setting. It can be other figures as well. And I group to look whether he has said it. So far I was very satisfied that, when I looked through the remember, they made some general measurements in Ethicon documents, they made their testing in a tissues in pelvic floor trying to find a or to get a similar range as we did. So I feel very comfortable biomechanics estimate of the burden there. However, 5 to have this testing in this mechanical load. I know that it's very difficult, and the people from 6 BY MR. BROWN: Ethicon, they know it as well, that there is no 7 precise model which really can give exactly the data O. Doctor, these loads that are applied, 8 you're not able to identify these are appropriate for this. Therefore, it is impossible, if you ask 9 loads based upon your experience and knowledge with me that I present them, it is not possible, as 10 the pelvic floor, your personal knowledge with 10 everyone knows. But you can try to find some 11 pelvic floor; is that right? It's based on 11 estimates to come in this field. 12 12 literature; is that correct? Doctor, when you place a piece of 13 It is based on literature, it is mesh in the pelvic floor, it's going to very quickly based on our experience of tissues, of the begin to form granulomas that you've talked around, 15 mechanical resistance to strain of tissues there. around the fibers. 16 Would that affect the strength of the 16 It is not based on my personal stretching of vaginal 17 tissues. 17 mesh and how different it might look -- let me 18 You say a couple times that you've 18 strike that and let me restate that question. Q. 19 19 relied on some literature. Doctor, when you place a piece of 20 Can you tell me what that literature mesh in the pelvic floor, it's going to begin to is that you relied on that says that there's 21 have tissue around it. 21 500 grams to 1,000 grams of force on the Prolift® 22 22 Does that give it more strength which 23 arm in the pelvic floor? 23 would resist some of this stretching as you've 24 MR. ANDERSON: Objection. 24 indicated in page 12 of Dr. Muhl's report? 25 Go ahead. 25 I totally agree that if you have a

Page 363 1 tissue ingrowth, let's say a incorporation into of mesh in the body two weeks after implantation, seeing how it's actually working in the body; is

3

5

6

7

8

9 out.

10

11

that correct?

A.

That is right.

O.

A.

- 2
- dense scar formation of a mesh, then if you would
- 3 repeat this measurement with all the scar formation
- 4 around, you may not see this collapsing structure,
- 5 because everything is completely stiff.
- 6 So -- but if you do the measurement,
- 7 the mechanical strain, without this full tissue
- 8 integration, and this may occur within the first
- 9 time, in the first hours, within the first days,
- 10 where you still have the option for the pore size to
- 11 show this deformation, then you have to consider and
- 12 you have to know that you have this collapsing of
- 13 these structures. And I've seen some videos where
- 14 the Prolift® has been implanted, and you see in the
- 15 videos that the arms showed this deformation and
- 16 curling as you see it in this testing.
- 17 So at least in this moment, and at
- least for the arms, I think it should -- it has to 19 be considered as a serious change. And I'm deeply
- 20 convinced that the Prolift® that you take out from
- 21 the package, it -- you have a certain appearance of
- 22 the arms. And this is different to what is placed
- 23 in the body.

18

- 24 Q. Doctor, let me just ask you about
- 25 that video you just mentioned.

BY MR. BROWN: 0. When you said that Dr. Klosterhalfen

Okay. And then --

Is there any video?

No. That is -- yeah. Okay. Yeah.

MR. ANDERSON: Unless he's holding

Page 365

Page 366

- 12 in his explants has shown some of this pore
- deformation that you talked about from this testing
- 14 that Dr. Muhl did, is that on the Prolift®? Is that 15 what you're talking about?
- 16 As I -- yeah. He has seen it for the
- Prolift®, and I think he has, yeah, made an analysis
- in particularly for the Prolift® and made an
- analysis of Prolift® explants where we saw this.
- 20 And, in part, he reported in some of the documents
- 21 about his experience on Prolift® explants. 22
- And have you seen this kind of 23 reaction that we see in page 12 with the Prolift®?
- 24 MR. ANDERSON: This is 12.
- 25 Have you --

Page 364

- 1 That video is a video of the Prolift®
- being implanted into a patient, and the arms you're
- 3 seeing are when they're pulling them out through the
- cannula; is that right?
  - Yes. Out of the body and -- yeah. A.
- 6 O. You're not talking about a video
- 7 looking at the mesh in the body two weeks later.
- 8 Right?

5

- 9 I have some -- or if you look to
- 10 explants, and Professor Klosterhalfen did it
- 11 extensively, then in many of these explants, he saw
- 12 this curling, this folding of these materials.
- 13 So as we see it very, very often, we
- 14 don't think that it is only done intentionally or
- 15 not intentionally by the surgeon, but, again, this
- 16 finding of the histological sections where you see
- 17 this curling that he described there, that was I
- 18 think a good explanation can be seen in this
- 19 mechanical testing. And, therefore, we believe that
- this mechanical testing of a textile structure's
- 21 effective porosity under strain is helpful to
- 22 predict the risk for these scarring, tissue
- 23 integration.
- 24 O. Doctor, let me just ask my question
- again, which is, the video you saw was not a piece

- THE WITNESS: This one.
  - I personally don't have an explant of
- a Prolift®.

1

- BY MR. BROWN:
- 5 Okay. And have you seen, whether it
- be explants, pictures, from Dr. Klosterhalfen where
- you see results like page 12, any of the results on
- 8 page 12?
- 9 MR. ANDERSON: Asked and answered,
- 10 but go ahead.
- 11 THE WITNESS: I didn't see his
- 12 results in -- for -- of his evaluation of the
- Prolift® meshes. If I remember correctly, it was
- done in evaluation for Ethicon Norderstedt.
- 15 BY MR. BROWN:
- 16 Now, Doctor, is there anything that O.
- you can point to that says that there is going to be
- a constant strain of 1,000 grams on the Prolift®
- 19 when it's in the pelvic floor?
- 20 A constant strain of 1,000 grams to a
- 21 textile structure, I hardly can imagine that there
- 22 is -- that it is -- if you believe constant for two
- 23 weeks, for example, constant strain of two weeks on
- a textile to -- that is -- from my knowledge, that
- is in principle impossible.

Page 367 Page 369 1 Q. Doctor, is that the same for You have the stretchability of the 2 500 grams of constant strain? tissue around that can reduce all this. It can be, 3 Constant strain, 500 grams, two yeah, tearing out of some fixation there in this A. 4 weeks, no, I don't think so, but -- yeah. I don't field. So a lot of possible mechanism from the body 5 think so. to release this mechanical strain. Therefore, I 6 O. What about a week, Doctor? said I cannot imagine that 1,000 grams for two 7 A. I don't know. weeks, it is imaginable for any part of soft tissue. 8 O. And, Doctor, when Dr. Muhl was BY MR. BROWN: 9 9 testing this mesh, he was holding it still on one 0. Doctor, you had mentioned the PVD 10 side and then pulling it; is that correct? 10 only requires 600 microns between the fibers to 11 A. Yes. 11 avoid fibrotic bridging; is that correct? 12 O. 12 A. PVDF. And, Doctor, if there is 1,000 grams 13 of force being placed on a mesh, is the other side 13 Q. I'm sorry, yes. Let me restate that 14 being held right in place, or is the body a little 14 then. 15 15 more elastic and it's going to move with it? The PVDF only requires 600 microns 16 MR. ANDERSON: Objection. between the fibers to prevent fibrotic bridging; is 17 17 Go ahead. that correct? 18 18 BY MR. BROWN: A. That is what can be referenced by the 19 Do you want me to restate the 19 literature, what is found in this study. And, Q. question, Doctor? 20 therefore, this was our cutoff. 20 21 21 Let me ask it this way. Doctor, what was your methodology in 22 22 determining that PVDF needs 400 less microns -- let Are you aware of the body holding one 23 side of the mesh perfectly still while the other me restate that. Strike that. 24 side is stretching it with 1,000 grams of force? 24 Doctor, how did you determine that 25 A. I'd have to think about, just from you only needed 600 microns to prevent fibrotic Page 368 Page 370 bridging for PVDF? the physics, what this -- this is a problem of the 2 whole system, whether it changes or not. If you I think it was in about 2001 or 2000 3 measure a force between two points of 1,000 grams, when we start to realize that we have a -- or we it is independent of whether the entire system is really get aware that textile structures had a huge 5 switching or is moving. So, therefore, the -- what variation of pores. And we, for the first time, 6 happens to the entire system has not an impact on made this histogram of the different pores. And 7 this force. What you may indicate on is that if the then there came up the idea to identify at what size 8 8 other part is moving as well, then you have a rapid of the pores may be sufficient. 9 9 loss of the force there. That in fact is true. But And from that time point on, we 10 to -- if you want to measure what happens to a 10 looked to many, many, many different histological 11 sections, and we measured the distance between the textile structures at a certain strain, this is not 12 12 affected what happens otherwise around. filaments. And we marked whether we saw a bridging 13 So, Doctor, if one side was being or not. And, of course, if you have a small pulled with 1,000 grams and the other side is in distance of the filaments of 100 microns or 15 place, wouldn't the body's elasticity allow the side 200 microns, so within the staining, you have a lot 16 16 that you say is being held in place to stretch some, of different distances between the filaments, 17 to relieve some of that force? 17 because it's cut through the mesh at various 18 MR. ANDERSON: Objection. locations. And then we started to look all these 19 19 Go ahead. differences. And the least size where we did not 20 THE WITNESS: There are a lot of see a bridging, the lowest size, the lowest distance physiological reactions to mechanical strain. And 21 between filaments where we do not see a bridging, 21 22 22 that is cutting through the tissue. That happens if that was considered as cutoff. 23 23 you have some mechanical load to a textile Doctor, what specific studies can you 24 structure, you have a cutting through and the 24 point to that showed that there was this reduced foreign body migration is known for decades there. fibrotic bridging for PVDF that led you to come up

Page 371 Page 373 1 with you only needed 600 microns? 1 And because of all this together, we So this is -- so this experience has 2 don't know in detail what really is responsible for 3 been used in the publication of Joachim Conze, PVDF scar -- for inducing this scar formation. But as an IPOM in rabbit model, and it's cited in the because of all this together, the final result is 5 article from Muhl as well. very simple. You can see in the microscope whether 6 That article, Conze? O. there is a bridging or not. And our first attempt 7 This is -- yeah. I hope so. Or I to explain it just by the size of the granuloma, it had to look whether this is one. Conze made three was wrong. It was not correct. It was not 9 articles, I think, with his IPOM model. sufficient to predict this histological change. 10 10 Sir, are you saying that Conze showed And this study really confirmed this. 11 that you needed or you could have 400 less microns? 11 It is -- it raises no doubt at the principle that 12 there is a scar formation, but it confirmed that it Give it to me, and I can --13 is quite independent from the size of the granuloma O. It's Exhibit 5, so we can both look 14 at it. 14 in this model, at rabbit, at mouse. 15 15 A. So there is on page 326, there you And, Doctor, if you'll go to page 16 see his result concerning bridging, that in the 326, if you look on the second column, I'm looking polypropylene mesh, after 90 days in this model, the at the second full paragraph where it starts, "It 18 filament distance of 1,000 microns; whereas, in the 18 has been already shown." 19 co-PVDF mesh, a bridging was always detected below a 19 Do you see where I'm talking about? 20 pore size of 630 microns. Doctor, would you just read that paragraph? Not out 21 21 O. Let me ask you this, Doctor. loud, but to yourself. 22 22 And this is a paper that you're a The polypropylene that was tested 23 co-author on; is that right? 23 here had excellent results, is that correct, with 24 A. Yes. regard to inflammatory reaction? 25 25 Q. Doctor, if you look on page 325, at This study is a wonderful A. Page 372 Page 374 the Table 3, at the bottom, you and I have talked confirmation that polypropylene in a large pore about this yesterday, but the polypropylene total construction causes less inflammatory reaction. And 3 granuloma was 56.4, and the co-PVDF total granuloma that is exactly what we developed with a Vypro® was mean 44.0. system, that we thought, it is not sufficient to say 5 Do you see that? polypropylene, but in a specific construction can 6 A. I see this. cause less inflammation. And this is one of the 7 And so there was a 12.4 difference in studies again confirming that the construction is of O. 8 granuloma sizes between the polypropylene and the 8 outstanding importance for the tissue reaction. 9 9 PVDF, is that correct, the co-PVDF? O. Now, Doctor, let me ask you this 10 That is correct. 10 then. A. 11 11 0. So, Doctor, how is it that a 12 As far as the -- sometimes I might 12 micron distance could change the bridging fibrosis 12 use the word "Prolift®" and sometimes I might use 13 up to 400 microns? the word "Prolene® Soft Mesh," but I'm talking about 14 A. I obviously failed to explain that 14 the same type of mesh. 15 15 the fibrotic bridging, the formation of scar Is that your understanding? 16 16 formation is not completely reflected by the size of Yes. A. 17 17 the granuloma. After placing of the foreign body Q. Do you agree that the Prolift® 18 18 there, and as stated by Williams and all the others, elicits -- strike that. 19 19 you have the foreign body reaction. And this is the Do you agree that the Prolift® has an 20 ingrowth of some cells. And if you made some 20 acceptable inflammatory response? 21 histological strainings, you are able to detect 21 MR. ANDERSON: Objection. 22 THE WITNESS: From all the 22 these cells. But as well, you have a release of 23 cytocrines, cytocrines, mediators, so a lot of other 23 measurements from all what we have analyzed, what aspects that, of course, interfere with the local all what we have looked at, there are -- with the tissue reaction. Prolift® mesh in its current form, there are many

Page 375 1 concerns where I'm convinced that a better 1 complications, migration, inflammation and so on, 2 elevated body temperature in about 30 percent of all construction is possible and that a better 3 these patients. Not all patients with the Marlex® 3 construction is -- will cause less inflammatory reaction. I have the concern, still the concern, mesh had these complaints. 5 5 that Prolift® is oversized in comparison to So the next step was to improve the structure for this. There hadn't been a randomized 6 Prolift+M®, for example. And because of this, that 7 there are a lot of or several concerns with the controlled trial comparing two different things and specific construction of the Prolift® mesh in its saying, okay, this mesh is better than the other, 9 current form, I think, or I'm -- yeah. My opinion but we have seen these complications in these 10 is that it is not acceptable. patients that a textile -- a huge textile implant. 11 BY MR. BROWN: 11 And then we adopted this mesh. As you know, with 12 O. 12 the Vypro® we reduced the amount of material. We Your opinion is not acceptable 13 inflammatory response for Prolift®; is that correct? made the pores larger and got a new device. And 14 A. 14 then the experience was that we could reduce the 15 15 O. And, Doctor, what specific studies number of complications by adopting the requirements can you identify that shows that there is an 16 of the textile to the physiological requirements. 17 unacceptable inflammatory response for Prolift®? So it is not -- it has at that time 18 And as I stated earlier, that includes Prolene® Soft 18 not that every patient with such a device, a Marlex® 19 Mesh. 19 device at that time, has to suffer from 20 A. 20 I don't know any studies that are in complications; but the risks, the chance to 21 a randomized controlled trial comparing a Prolift® 21 demonstrate some of these adverse events was higher 22 mesh with another, so -- but I know from all these 22 in these than it was on the -- with the new 23 23 data collections that there are a considerable developed meshes. And, therefore, the advantage is number of complications after the use of the 24 to lower the risk there. 25 Prolift® mesh. Despite there is no direct And, therefore, I do not expect, and Page 376 Page 378 1 comparison with other competitors that may be I know it from the literature, that not every 2 better, a lot of these complications or some of patient with a Prolift® suffered from erosion. It 3 these complications, not a lot, but these is not everyone. But I know from the literature and complications can be explained to a large extent by all these reports and data sheets that there are the local tissue reaction to the foreign body some. And I still believe that the Prolift® -- that 6 material. And that is what we have -- that is my in the design and in the structure of the Prolift®, 7 understanding, that this -- or that an impaired there are several points that are not at its optimum 8 tissue integration with a enhanced inflammatory to reduce the risk. That's all -- I've seen 9 reaction, that this is related to some recently the presentation of the Project Thunder and 10 complications. 10 Lightning, and I've noticed that everything -- that 11 Doctor, if you have across the board Q. almost everything that was in this report was 12 unacceptable inflammatory reaction, would you not 12 reflected in these presentations by Ethicon people 13 expect widespread complications? as well. So I feel in line with this. It's to 14 MR. ANDERSON: Objection. 14 address the decrease of the risk for complication. 15 15 Go ahead. Doctor, do you believe that the 16 16 THE WITNESS: I didn't get the --Prolift® has an unacceptable amount of fibrosis? 17 17 BY MR. BROWN: Yes, yes. I believe, because it is 18 18 The Prolift® mesh, if it has not -- or it is oversized. In comparison to 19 unacceptable inflammation, wouldn't you expect there 19 Prolift+M® that has been developed, it is oversized, 20 to be widespread or large percentages of meshes with and, therefore, it has a fibrosis which is not 21 complications? 21 necessary, obviously which is not necessary. And, 22 If -- let me answer it with the old 22 therefore, it is not acceptable. experience that we have 15 years ago when we had our 23 Let me ask you another way, too. And experiences with the Marlex® meshes. We saw in some 24 this goes back to the inflammatory response.

25

patients, not in all, in some patients some

Do you believe that the Prolift® has

Page 379 Page 381 1 an inflammatory response that makes it inappropriate and where two, three filaments is there. And you 2 for use in the body? see that there is -- that the pores are filled with 3 inflammatory tissue. But in fact, of course, yeah, A. This general statement, to say 4 Prolift® is inappropriate for the general use in the I -- there wasn't not one study presented to me 5 human body, no, that is not right, because I think indicating that there was a fat tissue. From all 6 there may be some indications. I don't know them, the data I got, I have the impression that in the but there may be some indications where you see that soft pro mesh that has been tested in the animals, the Prolift® may be used in maybe a very tall woman there was usually a bridging. 9 9 of 3 meter in size or something like this, there may Q. And is that the 91-day rat study from 10 be an indication for them. So I cannot exclude this 10 Ethicon? Is that the one you're talking about? 11 in general. 11 A. That is one, yeah. 12 12 Q. 0. Let me ask you that same question for And is there any other studies that 13 the fibrosis. you can point to that shows that the tissue did not 14 Does the Prolift® have an 14 integrate into the pores of the Prolift® mesh? 15 inappropriate amount of fibrosis for placement in 15 MR. ANDERSON: Objection. 16 16 the body? THE WITNESS: The fat tissue. I've 17 seen some documents of Deprest and -- but I cannot MR. ANDERSON: Objection, asked and 18 remember, please correct me if it is wrong, but I do answered. 19 not see any attempt to convince me that there is Go ahead. 20 THE WITNESS: I would make that --20 some fat tissue ingrowth in the pores of the 21 the fibrosis that is induced by the Prolift® leads Prolift®. 21 22 22 to an unacceptable risk. I know it from Ultrapro®, that you have some of these fat tissue ingrowth there. But 23 BY MR. BROWN: 23 24 And so your testimony is that the from soft pro or Prolift®, I don't know. I've never Q. 25 Prolift® is inappropriate for use in the body. seen it. Page 380 Page 382 BY MR. BROWN: 1 Is that your testimony? 2 2 MR. ANDERSON: Objection, asked and Let me ask you a couple more 3 answered. questions and then we'll break in a second, which 4 THE WITNESS: Prolift® has an is, Doctor, do you believe that there is a mesh unacceptable risk for the use in the pelvic floor. configuration that is sold today that is appropriate 5 6 BY MR. BROWN: for pelvic floor repair? 7 Doctor, do you believe that the MR. ANDERSON: Objection. O. 8 8 Prolift® has regular bridging fibrosis? Go ahead. 9 9 MR. ANDERSON: Objection. THE WITNESS: I'm not aware of all of 10 these products that are sold today or of the various THE WITNESS: I'm sure that, 10 11 somewhere in the Prolift®, there is some bridging techniques where the meshes are used for. There are 12 fibrosis. I'm absolutely sure. The question is, to a lot of combinations, so I think -- or, yeah. You what extent? This is whether it's in the center, have to do all this work. Characterization of the 14 whether you see it in the arms. And I don't see any mesh material, looking for the results and then 15 thick picture up to now showing that there is fat looking for your indications, and all together then 16 tissue in between the filaments of a Prolift®. you can say, okay, is the risk higher or lower than 17 17 I've -- in all these documents I have on my computer the others. So it cannot be answered by a simple 18 and I was sent, I never saw it. Where is this fat 18 yes or no. 19 tissue in the pores? 19 BY MR. BROWN: 20 BY MR. BROWN: 20 So, Doctor, are you saying that you 21 21 cannot identify, as you sit here today, a mesh Doctor, what study do you have that 22 shows that there is not fat tissue in the pores for 22 construction that would be appropriate for pelvic 23 the Prolift®? 23 floor repair? 24 24 A. I can refer to -- I've seen some of A. I said that I cannot answer your the animal experiments Ethicon performed in the rat question.

Page 383 Page 385 1 Q. Is it because you don't know? 1 You can ask him those questions, but he's not going I don't know all the sufficient what 2 A. to commit to a graphic drawing to enable you to use 3 is on the market. that as an exhibit when you have him for two days 4 O. But there's not a piece of mesh that and all of this material. Not going to do it. 5 you're aware of that you do know that you would say 5 MR. BROWN: So you're refusing to 6 would be appropriate for pelvic floor repair? allow him to answer this question? 7 MR. ANDERSON: Objection. MR. ANDERSON: You bet. Well, I'm 8 Go ahead. refusing to allow him to start to draw for you what 9 THE WITNESS: We have outlined in the he considers to be the perfect pore. You bet. 10 10 report a lot of ideas for the requirement to meshes MR. BROWN: And the mesh 11 that are used in the pelvic floor, what has to be 11 construction? 12 looked after. And if you followed all of these MR. ANDERSON: And the mesh 12 13 ideas, I think you will come up with a better 13 construction. You bet. 14 design, with a better construction. If you still 14 MR. BROWN: All right. 15 have some open questions, may -- it will help to ask 15 BY MR. BROWN: the people from Project Thunder. They had a lot of 16 Doctor, then, tell me then what would 17 good ideas as well. be the filament size that would be most appropriate 18 So all together, put all together, I for mesh construction? 19 have -- I think that we will, maybe we already have, 19 MR. ANDERSON: Objection. but that we will have better devices. And, of 20 20 BY MR. BROWN: 21 21 course, there is some indication for meshes in Let me strike that question right 22 22 pelvic floor in some patients, of course. That is now. Let me ask something. 23 23 my vision. Are you able to draw a mesh BY MR. BROWN: construction that would be appropriate for the 25 0. And, Doctor, just to make sure you're pelvic floor? Page 384 Page 386 answering my question, can you, as you sit here 1 MR. ANDERSON: Objection. today, identify by name that you know of a mesh that THE WITNESS: Definitely not. Coming 3 is appropriate for pelvic floor repair? to a design for a mesh for the pelvic floor, it's a 4 MR. ANDERSON: Objection, asked and process. It includes a lot of different things, a 5 lot of different models. It's a work. A lot of answered. 6 THE WITNESS: I cannot stick to the people have to come together and bring in their 7 term "appropriate." I can say that, with the FEG, expertise. And then finally you get -- have a --8 the best product that is possible in the moment. what they -- their constructions tried to consider 9 9 many of these critical or points that have been That is the aim we can have. 10 identified to be critical for tissue integration. 10 If you asked me which size of the 11 Therefore, I think that the clinical outcome of filament, first of all, it depends on the polymer, 12 these devices may be better in the future, but we 12 what you want to have. Then it depends from the have to wait on the results of this. pore size you can realize with this specific 14 BY MR. BROWN: filament, because this filament is limited in its 15

Q. Doctor, I want to get you to do something on this piece of paper.

16

17

18

19

20

21

Draw for me, or you can write out filament size, pore size, or you can draw it, whatever works for you, what you believe is the appropriate mesh construction for pelvic floor repair.

MR. ANDERSON: Objection. He's not going to do that. He's provided you with a 70 page report and two days of testimony to be able to tell you what he believes the optimum pore sizes are. the best product that is possible in the moment.

That is the aim we can have.

If you asked me which size of the
filament, first of all, it depends on the polymer,
what you want to have. Then it depends from the
pore size you can realize with this specific
filament, because this filament is limited in its
tensile strength. If you need, you need some
tensile strength, you need a little more of these
filaments. Then it depends of the tissue reaction
to the surface and to the curvature of the filament.

If it's too small, then you have a stiffness of the
cells so that they cannot come in close to this
surface. We are still not sure whether the Vypro®
with the five polypropylene filaments really was a
bad choice. It has some disadvantages for the
surface of the bacteria adherence, but if you look
to the foreign body granuloma size to the filaments

Page 387 Page 389 1 of the Vypro®, you see that they are very small. a mesh used in pelvic floor? 2 2 And even all together, these five are less than one MR. ANDERSON: Objection. 3 3 monofilament of a similar thickness would have been. Go ahead. THE WITNESS: The thickness or the So maybe it is the best option to realize the 5 elasticity, stretchability of a mesh, porosity of a definition of whether it's optimum for the tissue 6 mesh, a construction made of three filaments is ingrowth and for the function, what is the best better than of one. Maybe it's 12. It has to be, thickness to achieve this purpose may differ. It yeah. You have to work on it and find the best depends from the indication. It depends from the 9 solution in comparison to others. You have to test size from the configuration. So there are -- in --10 all these. Try a thick one, a thin one and then for the abdominal wall, there are some devices that 11 adopted it. That is the way that we have learned 11 are intentionally constructed in with a three -- in 12 with the Vypro® to come to a better mesh. 12 a third dimension, to get more thicker devices, to 13 13 MR. BROWN: Take a lunch break. have more -- to have another integration into the 14 14 tissues by these three-dimensional form of these 15 15 (A luncheon recess was taken from things. There are other three-dimensional things, 16 as plaques in the abdominal wall, which behave, 12:20 p.m. to 1:13 p.m.) 17 17 again, differently. 18 18 BY MR. BROWN: For the pelvic floor, I do not know 19 Doctor, we were talking a little bit 19 any specific investigations, what part of the Q. 20 reinforcement of the tissue should be done by three 20 about mesh characteristics. 21 Do you have a filament size that you 21 dimensional or by a specific three dimensionality of 22 think would be optimal for a piece of mesh? 22 this device. So to my knowledge, there is no 23 23 MR. ANDERSON: Objection. intention to construct real three-dimensional 24 Go ahead. devices. However, every mesh that we are talking 25 THE WITNESS: From our experience, about has, of course, a third dimension, as Page 388 Page 390 everything in this world. And, therefore, again, we looking to the tissue section after incorporation, I 2 think that a size below 130, 150 microns will offer have a limitation of all characterizations of the 3 most advantages in regards to the handling or how to mesh material by this third dimension. make the constructure and offers most options to be BY MR. BROWN: less there. Whether there is a minimum of 50, 60, 5 0. And --6 there is insufficient data to come there. And it So your answer has been whether there 7 depends, of course, from the intention where you is an optimum of the thickness. No, there is no way 8 place, and so what you want to have by this. to define this in the moment on the basis of my 9 9 knowledge and what I know. BY MR. BROWN: 10 Doctor, I'm going to ask you about a 10 Doctor, as far as the density or the 11 11 couple of characteristics. And I'm going to be weight of the mesh, grams per millimeter squared, 12 asking you about the pelvic floor. 12 that way we're all talking about the same thing, is 13 there an optimal range for the weight of a mesh in So with this below 130 to 150 microns 14 for filament size, is that an appropriate filament 14 the pelvic floor? 15 15 size for the pelvic floor? MR. ANDERSON: Objection. 16 MR. ANDERSON: And, again, objection. 16 Go ahead. 17 17 BY MR. BROWN: Go ahead. 18 18 THE WITNESS: I have no information You're welcome to look at the article O. 19 that it is a -- that it cannot be or that is not 19 that I was looking at if you want to. 20 20 applicable to the pelvic floor. Or do you need that or not? 21 BY MR. BROWN: 21 No. I just to think, to find the A. 22 22 And, Doctor, when we were looking at words. 23 the Jan Deprest article, one of the measurements he 23 Q. Okay. 24 24 looked at was the thickness. A. There is no optimum weight of 25 And what is an optimal thickness for anything, because the property of weight of a

0-7 Filed 10/12/16 Page 33 of 66 PageID #: 113653 to Stipulation and Order of Confidentiality Subject Page 391 Page 393 1 textile mesh is not able to reflect the specific 1 indication, because finally it's a compromise 2 between the surface, the tensile strength you want properties of a textile. 3 Since the study from Weyhe, Weyhe, we to have, the elasticity, the stretchability of the 4 already talked about, it is very clear that even mesh you want to have and the filament you can use, 5 with the reduced amount of material, you can produce the polymer you can use. And if you take all this 6 together, then you will come to a pore size that is awful meshes or mesh-like structures. And, 7 therefore -- and we know that PVDF has a specific the best compromise to fulfill all this. weight that is double as high as polypropylene. So BY MR. BROWN: 9 9 with PVDF alone, you create some heavy textile 0. And, Doctor, do you have or can you 10 structures, which can be excellent. So it doesn't 10 now tell me what would be an optimal mesh using each 11 depend from the weight, and, therefore, you cannot 11 of these characteristics that we've talked about and 12 12 specify an optimum mesh by weight. any other characteristics you want to discuss? 13 13 MR. ANDERSON: Objection, asked and Is there a range of weight which you 14 can identify that would be appropriate in the pelvic 14 answered. 15 floor? 15 BY MR. BROWN: 16 16 I'm talking -- let me restate. A. No. 17 17 O. And, Doctor, is there a filament type Can you give me specific numbers or 18 that you believe that is optimal, meaning 18 specific types of polymers for each of these mesh 19 multifilament, monofilament or something in that 19 characteristics to tell me what might be an optimal 20 neighborhood? 20 mesh for pelvic floor repair? 21 21 MR. ANDERSON: Objection, asked and MR. ANDERSON: Same objection. 22 22 answered. Go ahead. 23 23 THE WITNESS: I can define some Go ahead. 24 THE WITNESS: As we already talked critical points to come to an optimum mesh about, monofilament has the advantage to have a configuration for the use of the pelvic floor that Page 392 Page 394 1 reduced surface in comparison to multifilaments. has to consider a high structural stability. That That is of specific importance for the adherence of means that you should avoid a collapse of these pores. That should -- we need textile structures bacteria. There are some constructions with some 4 filaments in between as for the Vypro®, so this type that have the least amount of surface that is 5 of olgoliofilaments, although this term has not been possible under consideration of the biomechanical

- 6 defined officially in the literature, therefore, it
- 7 can be evaluated or justified only in the context of
- 8 the many different functions and characteristics of
- 9 textile constructions.

## 10 BY MR. BROWN:

11

12

16

17

O. And, Doctor, is there an optimal pore size for meshes in the pelvic floor? And that can include a range, if you have a range.

14 MR. ANDERSON: Objection.

15 Go ahead.

> THE WITNESS: As for the other characteristics, there is no specific value for a

18 best pore size for the pelvic floor as well as for

19 other tissue organs. We know that there is a

20 critical minimum which should not be -- we should

not go under this critical minimum. Whether there

is an advantage then to expand the number or the

- 23 pore size even more, with a Vypro®, we have 3 to 4
- 24 millimeter. That has to be tested in the specific
- condition where the device is used for the specific

- situation, where it's placed, because every
- reduction of surface will reduce the possibility of
- bacteria to get attached to the surface. And even a
- reduction of the surface by 30 percent may be
- 10 beneficial to lower the risk for bacterial
- infection, as this device is used in a contaminated
- 12 field, in contrast to all these devices that are
- 13 used in the abdominal wall cavity.

14

So this is another point that should

be considered when looking to the optimum device.

If you're looking to the polymer, you have some more

options with the PVDF than with the polypropylene,

but it does not mean that it is excluded that -- or

- 19 the polypropylene mesh, you construct a device with
- an acceptable risk or the best risk there. But,
- 21 again, with the PVDF you have more options to modify 22 the textile construction to this.

23 The -- as Professor Williams pointed 24 out, every device has to consider the balance of its

stretchability to the surrounding tissue, of course.

Page 395

- 1 And every device has to withstand a minimum tensile 2 strength, because it is implanted as reinforcement
- 3 of the tissue, and, therefore, there -- it has to

4 withstand this.

5 So these are, again, requirements a 6 good mesh has to fulfill. And, of course, we need a

- low inflammatory reaction, acute, but as well
- chronic. We need low tendency for migration,
- 9 erosion, integrating pain in scar formation. All
- 10 this has to be considered as well.

## BY MR. BROWN:

11

12

13 14

15

16

17

18

9

10 11

12

13

14

15

16

17

18

19

20

21

22

23

O. Doctor, is it fair to say that all these considerations have to be taken in, but as you sit here, you can't go through each one of those characteristics and say, this is the precise weight, this is the precise pore size, this is the precise polymer; is that correct?

MR. ANDERSON: Objection.

19 Go ahead.

20 THE WITNESS: It is correct that you 21 cannot give a certain figure and say, okay, we fit to this figure and the result will be excellent. It 22 23 is always a consideration of risk. Every textile construction is a compromise. It has to be a compromise, and you have to compare the risks

As in the past minutes, we tried

Page 397

- to -- or I tried to explain that there is not a
- 3 single value that can be defined as being optimum.
- But you have to consider it in the whole -- the
- constellation of all conditions together to define
- whether some of these things are optimum or not in
- an optimum shape.

8

19

20

21

22

23

24

1

10

0. Then it might be --

9 A. Therefore, the question from you to ask me whether there is a mistake in the filament 11 obviously demonstrated that I failed to explain this to you. So, again, I would like to say that it is not possible to define the optimum size of the 14 filament, and, therefore, it is not possible to say that a certain size of the filament is, per se, a 16 mistake. The 87 microns, 86 microns, of the size of

86 microns used for the Prolift® can be acceptable in the consideration of all other conditions.

I think, Doctor, we're probably going to have to go back to my other question then, which is, in consideration of the Prolift® mesh as a whole, what characteristics do you find or have -strike that.

With the Prolift® mesh, as a whole, what characteristics do you find fault with?

Page 396

- between different constructions or possibilities of
- 2 constructions.
- 3 BY MR. BROWN:
- 4 Doctor, can you go through each one of the characteristics on the Prolift® and identify 6 where you find fault with the construction?
- 7 We can go through the report, page 1 A. 8 and following.
  - Doctor, let me go ahead -- because I know you're trying to read through it. Let me see if I can ask some more specific questions and see if that helps you to answer the questions.
  - The problem for me, so that you understand it, is I have to extract those things.

So I just reflected whether it's the best way to go to the titles or to go to some paragraphs, but maybe it's a better option if you are putting one of these aspects and then we talk about this.

I just didn't want you to go back and relook all through your report. But let's try it that way and then I'll give you an opportunity to expand.

24 Doctor, do you find fault with the filament size of the Prolift®?

Page 398 So major. Let's start with some

major points. First is if you -- if you consider

that surface is critical for the risk for infection

and the risk for an overwhelming or an inappropriate

inflammation in the local surroundings, then you

have a certain surface in the Prolift®. If you

compare this with the Prolift+M®, which is reduced

in weight, you have a reduction in the surface with

9 the Prolift+M®.

I think a reduced surface of a device is better and may decrease the risk for infection.

12 Therefore, I believe that the Prolift® has a surface

13 which can be reduced at least to the level of

Prolift+M®, and, therefore, that would mean a

reduction of 30 percent, so that may be followed by

a reduction of less bacterial adherence to the

17 surface. That should have been a point that should

18 have been investigated.

19 Of course, the surface depends on the mechanical strain. You have to compensate with this

design, and, therefore, you have, first of all, to 22

define the biomechanical requirements. And then 23 you're able and -- you're not able, but you're

forced to do so, to reduce the amount of material to

reduce the surface to the least level that is

Subject Page 399 Page 401 possible to fulfill these functional things. 1

2 Then you get an impression how much 3 surface you have, how much tensile strength, what filaments you may need to fulfill this functional 5 task. And then you have to look to the pore size, 6 because this later on is followed by -- is associated with clinical outcome and clinical complications. And, therefore, you have then to 9 decide how to realize this functional demand. And 10 then you are coming to a textile construction 11 providing a pores. And then you have to consider 12 that this or at least part of the mesh has to 13 withstand some mechanical force, has to provide us 14 structural stability. This is the process that has 15 to be followed.

Q. Doctor, I'm with you on the process. Just tell me what's wrong with the Prolift® on those processes. Just include that in your answer.

19 Α. The Prolift® has too small pores. 20 MR. ANDERSON: Too, T-O-O? 21 THE WITNESS: (Witness nods head.) 22 Yeah, too. Yeah.

23 The pores of the Prolift® show 24 collapsing under strain. Too much surface, too 25 small pores, structural instability. There are

Doctor, when you say the optimization of the mesh, does that mean that it's not cut in a 3 manner that optimizes facilitating the pelvic organ prolapse? Is that what you're saying? 5 Optimization, first of all, means

optimization in regard to the risk of the patient. Optimization for the textile structure, you have to define, you have to be aware that a complex structure and configuration of the Prolift® is with the three-dimensional positioning in the tissue with 11 the arms there, that there are different strains for 12 the different parts of the meshes. It should be 13 assumed that it is like this. And, therefore, you 14 should provide a textile structure that reflects 15 these differences in the demands, always optimized

17 And when I am looking to the arms of 18 the Prolift®, then this is cut, just only cut from 19 big piece of meshes, and the textile properties 20 differ in the arms every centimeter, because the 21 course of the wall fibers differ every centimeter. 22 So it is impossible to really -- yeah. It is

23 already impossible to define the elasticity of the arm in what part. And to optimize it to the tissue demands, it is impossible as well.

Page 400

16

1

5

15

16

17

18

22

23

24

other aspects that is this particle loss that is the

frizzling, if you cutted it. That is a disadvantage

3 if this appears. I know it from former times, the

Marlex® was an awful mesh, because you have a lot of

powder when you trimmed the mesh during the OR. So

this is a characteristic that should be avoided, not

7 to have these small particles in the area of the

8 wound.

9

10

11

12

13

15

16

17

16

17

18

I'm not sure, I don't know, I don't see sufficient information what is the bacterial adherence to this material in the pores, whether it can be optimized or not. And stretchability, in principle, the Prolift® mesh is done with -- as an extraction of a flat mesh. So there is no specific design for the arms of or the flat mesh area. There is no specific orientation of the fibers as well. So I did not see any specific

18 optimization, which means not only optimization for 19 the manufacturer but optimization in regard to the 20 risk for the patient. I did not see any 21 optimization specific adaptation of the structure to

the needs that has been defined before. And this is what I just referred, I find it exactly in a lot of

presentations by Ethicon people as well.

BY MR. BROWN:

Q. Let me ask you this, Doctor.

2 Is the shape of the Prolift®, the way it's cut, is that in an optimal configuration to

prevent pelvic organ prolapse?

to the risk of the patient.

MR. ANDERSON: Objection. By the way, he's not here as a

surgical expert to talk about whether or not it can prevent pelvic organ prolapse. If you want to ask

him whether or not, as he just answered, whether or

10 not the textiles are designed in a manner which 11 could reduce complications, that's one thing. But

12 asking him if it's cut in a way that can prevent

pelvic organ prolapse, he's not here to answer that question. That's a urogyn question.

MR. BROWN: Let me ask you this, so that I'm clear on that. And this is you and I talking on this.

MR. ANDERSON: Okay.

19 MR. BROWN: But one of the adverse effects that could be from pelvic organ prolapse for 21 mesh is recurrence. So that's a complication.

So are you saying that he's not here to talk about the complications of Prolift®?

MR. ANDERSON: No, not at all. I'm saying that he's not here to talk about whether or

Page 402

Page 403 Page 405 1 not this design prevents pelvic organ prolapse or the notice of someone who said or some group of 2 patients where they got their recurrence because the whether it's the optimal design to prevent pelvic 3 organ prolapse. He can talk about whether it's the Prolift® ruptured in the center, okay, then I would optimal design in the tissue and the way that the say that is the course of this. And, therefore, I'm still convinced that it is overengineered. I have body will react to it and the way -- the 6 the concern that it is overengineered. 6 biomechanics of it, all the things he's been 7 7 discussing. But, Doctor, you would say that it 8 And I think he just addressed that, has sufficient -- restate. Or strike that. 9 The Prolift® has enough force --9 which was the position of the warped fibers and the 10 elasticity and things. But to say that he's going 10 strike that again. I'm sorry. 11 to be an expert on whether or not this mesh helps 11 The Prolift® has enough strength to 12 prevent pelvic organ prolapse. You'd agree with 12 prevent pelvic organ prolapse is quite different. 13 13 that? MR. BROWN: Is he an expert that's 14 14 going to be able to talk about how the Prolift® MR. ANDERSON: Same objection, but go 15 15 causes complications like erosion in the pelvic ahead. 16 floor? 16 THE WITNESS: The difficulty is that 17 MR. ANDERSON: Sure. there are several reasons for getting a recurrence 18 of this. Again, I have to refer from our first MR. BROWN: I think that's a very 19 fine line -experience with the Marlex® mesh. Everyone who sees 20 the picture of an explanted Marlex® mesh knows a MR. ANDERSON: It is, but I want to 21 make sure that we understand that preventing pelvic strong scar plate. It is impossible to cutted it 22 22 organ prolapse is different from whether or not the and to tear it off, impossible. However, these 23 mesh design and construction may lead to erosions. 23 patients got recurrences at the neighborhood of 24 MR. BROWN: I disagree, but we can these textile structures. So the biggest scar 25 plate, the strongest mesh is not obligatory able to agree to disagree. Page 404 Page 406 1 MR. ANDERSON: Okay. prevent any recurrence. This is a too machinistic 2 view of the things. MR. BROWN: Well, let me just -- can 3 you restate my question, please, Ann Marie? BY MR. BROWN: 4 O. So you're not saying that the 5 (The court reporter read the Prolift® is not strong enough. 6 pertinent part of the record.) 6 Do you agree with that? 7 A. I agree that the Prolift® is not 8 8 MR. ANDERSON: So same objection very -- not strong enough to -- yeah. To prevent 9 9 about preventing pelvic organ prolapse. what? 10 10 THE WITNESS: The manifestation of a O. Well, let me make sure you're hearing 11 11 me right and we're saying the same thing, make sure recurrence depends from many different things. And 12 as it was said, I'm not an expert of these technical 12 it comes out clear. 13 things or the technical specificities, how to make Is that you're not saying that the 14 it, how to place it, and most of all, to find the 14 Prolift® is too weak? You agree with that? 15 best indication for doing this one. But if you are For using as reinforcement in the 16 considering recurrence as a readout, there are 16 pelvic floor, it is not too weak, with double O. 17 17 several different definitions of recurrence. And I Yes. 18 18 never read, through all these articles, that one Q. 19 19 recurrence was done by a ruptured -- central rupture A. Yes, total agreement. of a Prolift® mesh. Never again. So this confirms 20 Ō. Let me ask you a couple questions my impression that the Prolift® is considerably 21 21 about degradation. 22 22 oversized, overengineered. How do you define degradation? 23 BY MR. BROWN: 23 Degradation, degradation is a loss of 24 So, Doctor --24 O. integrity, I think, if these are the right terms. 25 A. So otherwise around, if I have had And usually it is seen with a degradable, absorbable

ment 2960-7 Filed 10/12/16 Page 37 of 66 PageID #: 113657 Subject to Stipulation and Order of Confidentiality Page 407 Page 409 1 material. There this is the term where it describes then we got aware that maybe -- that there is a surface cracking after integration into the tissue. 2 that you have a loss of integrity with it sometime. 3 What does a nonabsorbable mesh fiber And we, I think last year, or last year, 4 look like that has been degraded? Klosterhalfen did -- made some electron microscopy 5 MR. ANDERSON: Objection. from human explants and saw this cracking as well. 6 Go ahead. And I know an image from the FEG where they made an 7 THE WITNESS: That has been degraded? electron microscopy from an explanted mesh material 8 BY MR. BROWN: from a rat. And, interestingly, this material 9 Q. Yes. consists of a PVDF thread and a polypropylene thread 10 A. Yeah? in one. They have a product which contains a 11 The first appearance that we have for 11 polypropylene thread. And if you're looking to this 12 the degradation of a so-called nonabsorbable mesh electron microscopy, you see a surface cracking on 13 13 material, that has been the polyester. There has the polypropylene fiber but not on the PVDF fiber. 14 been a polyester mesh explanted in the '90s where we 14 So when I put all this together, I 15 saw a marked degradation, a complete degradation of 15 think the evidence that there is no degradation of 16 the filament, broken down to hundreds of parts of the polypropylene threads in a mesh is considerably 17 17 small particles. This has been frequently lowered. 18 18 published. So for polyester, we got this early Q. All right, Doctor. 19 experience by light microscopy. We later on noticed 19 A. At least to say. 20 that the different layers of the PTFE, mainly by 20 O. When did you come to the conclusion 21 studies from Zimmermahar, from Ustritch. He first 21 that there's a possibility that polypropylene might 22 22 degrade? What year? showed in his experiments that the PTFE layers are 23 23 showing this degradation. What year? It has been -- I think we 24 We believed, until the beginning of have been either in Nuoro or Nice. I do not 25 the last decade, so 2000 ongoing for the next years, remember the -- I always mix it up a little bit, but Page 408 Page 410 we were convinced that polypropylene does not show we have been on a conference of urogynecologists and these signs of degradation and had a lot of severe where this data from Clave has been presented on 3 discussions with the people from Covidien. They 3 this conference, 2008, 2009. said always polypropylene is going to be degraded 4 So sometime around 2008, 2009

- 5 but polyester not. And so we always said, no,
- 6 polypropylene is inert, it is stable, it does not

11

12

14

15

16

17

18

19

20

21

23

- 7 show these sorts of degradation. And it has been on
- 8 the market for 45 years and we don't know. So we
- 9 were convinced that polypropylene will not cause any 10 problems.

And then -- so about 2000, where when we started to think about PVDF, we got some information that it may be not like this. And then Clave comes up and Ramshaw comes up with their electron microscopy pictures.

And you have to know that all these histological slides, the microscopy is not able to detect any different degradation, because usually in these slides the mesh material is not seen. It is removed by the cutting. So it is hardly possible to see any degradation by light microscopy. You have 22 to do some electron microscopy, which is expensive. So, yeah.

24 But with the publication of Clave and from the American group showing electron microscopy,

- approximately is when you came to the conclusion
- 6 that polypropylene might degrade; is that correct?
  - And that it is coming to be -- or is A.
- 8 going to become a concern, yes. 9 And, Doctor, are you aware of some
- 10 polypropylenes having an antioxidant resin that's 11 mixed into the polypropylene?
  - A. Yes.

12

16

- 13 And does Ethicon's mesh have that Q. antioxidant polypropylene resin mixed together?
- 15 MR. ANDERSON: Objection.
  - Go ahead.

17 THE WITNESS: I've read it in the

documents. Usually we don't know whether there are

- 19 some additives that usually are added in very small
- amount of material, whether this is added. And
- usually the manufacturers are the people coming to
- 22 us and demonstrating their products, they don't know
- 23 it. So we always try to get the information whether
- the polypropylene of Atrium or polypropylene of
- Bard, Marlex®, was different to that of Ethicon, but

Subject Page 411 Page 413 1 we didn't -- we never got this information, so -you cannot argue that the degradation of an Ethicon but I know there has to be additives in the product is confirmed by these studies. That can be polypropylene. To my knowledge, this is not said by this. But I've read in the documents that necessary for the PVDF. PVDF can be used as a pure when getting notice of this principle that 5 polypropylene, and in the '90s, polypropylene form. 6 BY MR. BROWN: generally has been regarded as being inert and not 7 Doctor, I'm just talking about substance for degradation, generally, not specific O. 8 polypropylene right now. for some additives or something like this. 9 9 Yeah, just for the knowledge. But So when the data coming up showing 10 for the polypropylene, I know there are several 10 that polypropylene, in some forms, ever show some 11 additives. 11 sort of degradation, that should rise a certain 12 O. Now, Doctor, as a scientist, have you concern. And I've seen in some documents where 13 studied it to be able to come to the conclusion that someone is saying it is just an artifact. And we 14 a polypropylene does in fact degrade currently? 14 don't have -- think further on and make other 15 15 Does not or -studies about it and look after it, because it is an 16 16 artifact and we did some other studies showing Q. Does degrade. So I'll restate my 17 17 sentence. different things. 18 18 I have objection to this procedure As a scientist, have you come to the 19 conclusion that polypropylene degrades based upon 19 there. So you may be right and it would be a good your studies? 20 20 thing if the Ethicon polypropylene products do not 21 21 MR. ANDERSON: Objection. show this degradation after incorporation, yeah. 22 22 Go ahead. And I think it is quite necessary -- it is necessary 23 23 THE WITNESS: Yes, yes. It shows to make several electron microscopic investigations signs of degradation. That is my current opinion to and to demonstrate that you don't have this surface 25 this. cracking at the surface of your products. This is Page 412 Page 414 BY MR. BROWN: not -- it should not be required only for pelvic 2 And have you specifically studied floor, but for the guys with abdominal hernia, it 3 that. Doctor? will be interesting to know as well whether the 4 We didn't initiate any systematic Ultrapro® or the Prolene® shows some surface 5 investigation to look to this. cracking on the polypropylene part as well. This is 6 And, Doctor, do you remember on the my opinion to this as a scientist. 7 Costello study that you cite in your paper, do you BY MR. BROWN: 8 8 remember that being a Bard mesh, a Kugel Composix? O. Doctor, do you agree that Ethicon 9 A. I remember. could rely upon your statements when you wrote them 10 And in both Clave and Costello, 10 that the polypropylene did not degrade? O. 11 11 MR. ANDERSON: Objection. neither one of them show an Ethicon polypropylene 12 12 mesh that is degraded; is that correct? THE WITNESS: In what article, at 13 We have to look. For this specific what contents, to what time period? 14 question, we have to look to it. BY MR. BROWN: 15 15 Doctor, let me ask you this and then Doctor, in 2004 you stated that Q. 16 we might look at that article. 16 polypropylene has no tendency to degrade. 17 17 If the Clave and Costello articles do Is that something that Ethicon could 18 not show that an Ethicon polypropylene mesh is 18 have relied upon? 19 19 degraded, are you convinced today that an Ethicon MR. ANDERSON: Objection. 20 polypropylene mesh can degrade? 20 THE WITNESS: What do you mean by 21 MR. ANDERSON: Objection. 21 rely on it? I do not understand this rely on it.

23

THE WITNESS: It is very clear if

they didn't really show that an Ethicon product of

show a degradation, or if they didn't use this one,

polypropylene with some specific mixture does not

22

23

24

Does it mean that they can say, because these people

make own investigations to the polypropylene at that

say it in their article, we can be sure that? Then

this is obviously not justified, because we did not

Page 415 Page 417 1 time point. I've told you, we relied, we relied on would have -- I would see some problems to correlate 2 information from the manufacturer, from the this. But it is a concern on the longhand, and it 3 companies, that polypropylene did not show this. gives or indicates the level of investigation. And at that time point, we didn't have, though we BY MR. BROWN: 5 5 looked, we didn't have in the literature indications Q. Doctor, I believe what you're saying 6 that it was different at that time point. And, is the -- you cannot say what degradation occurs therefore, this was mainly written in the might lead to a particular complication; is that introduction to show the differences to the correct? 9 9 polyester and to the PTFE. This sentence should A. I cannot give a precise figure, 10 not -- if this sentence is used as a guarantee for a 10 either what type of complication or to what extent 11 manufacturer to use this product, this polymer, this 11 this surface cracking contributes to the up -- to 12 would be a hazard, if I find the right word. the manifestation of a recurrence. If you have --13 13 BY MR. BROWN: if this will lead to an increased surface of 14 Doctor, if you look at your expert 14 30 percent after ten years, then if we have these 15 report on page 11. I'm looking, Doctor, in the data, then it will be more easy to get a precise second full paragraph, where it says, "The clinical 16 risk assessment. 17 implications." 17 O. And, Doctor, you don't have any data 18 18 Do you see that? today that says that the Ethicon polypropylene 19 The third paragraph, "The clinical 19 increases its size by 30 percent in ten years, do A. implications of a degraded"? 20 you? 20 21 21 Yes. Where it says, "The clinical A. No, I don't have the data. 22 implications of a degraded, oxidized surface of" 22 Q. Now, Doctor, in your report, you 23 23 polypropylene "mesh fibers in human tissue are not identify what's called a barbed wire. 24 completely known." 24 Do you see that? 25 25 Do you see that? Yeah. A. Page 416 Page 418 A. I see this. Doctor, do you have any clinical 1 1 Q. 2 And so, Doctor, it's your opinion information that shows that the Ethicon O. polypropylene leads to a barbed wire? 3 that today we do not know what the implications are of degraded polypropylene; is that correct? This barbed wire is a model. It is a 5 MR. ANDERSON: Objection. model on the cellular level. It is the consequence 6 THE WITNESS: We did not fully know on the cellular level what happens. If you have an 7 the clinical implications of this. I -- for my increased surface, if you have these -- if you look 8 to that very sharp edges at that area, this should understanding of many biological processes, I'm sure 9 this is a nonlinear process. Degradation of a lead to an activation of the cells that are attached 10 polymer is a nonlinear process. And this is true 10 to it. On the clinical level, I don't have any 11 for the degradable, where intentionally there has to 11 data. 12 12 be a degradation, but it should be true for the And so you're saying the barbed wire 13 is not the actual polypropylene but it's some kind nonabsorbable materials as well. So nonlinear 14 process means that maybe sometimes in 20 years there

15

17

18

19

23

may be an explosion, there may be a complete 16 degradation, an exponential increase of surface in 17 this field, and then you have to consider what 18 happens there. 19 If you have this exponential increase of surface maybe in 20 or 30 years, I cannot excluded it. But this is my concern in this. But 21 22 today it is right that in the moment, we don't have 23 a full understanding what is the clinical relevance. It would be too rough to correlate this surface cracking to some specific complication there. I

of cellular structure? MR. ANDERSON: Objection. 16 THE WITNESS: No, no. If you look through the electron microscopy, you can see the cracking in the surface, but this will lead to an activation, to an irritation of the adjacent cells, because you always have to consider some movement, 21 some motion in this area. 22 BY MR. BROWN: And, Doctor, but there's no clinical 24 evidence at this point that Ethicon polypropylene

leads to this barbed wire effect; is that correct?

	Confidencial - Subject to Scipula	_	
	Page 419		Page 421
1	A. There is no clinical study confirming	1	is impossible to find any bacteria.
2	this on the clinical level.	2	BY MR. BROWN:
3	Q. Doctor, you continue down a little	3	Q. Doctor, when you take a piece of
4	bit further, and you say that this degradation could	4	Prolift® out of the package, is it frayed to some
5	cause an increase in inflammatory response.	5	extent on the corners?
6	Do you see that?	6	MR. ANDERSON: Objection.
7	MR. ANDERSON: The paragraph starting	7	THE WITNESS: When you take so
8	"Furthermore"? Is that where you are?	8	frayed means frizzled, sharp corners at the edge?
9	MR. BROWN: I mean generally.	9	MR. ANDERSON: You call it frizzled,
10	MR. ANDERSON: Oh.	10	we call it frayed.
11	BY MR. BROWN:	11	THE WITNESS: Frizzled? Frayed?
12	Q. Doctor, generally, are you talking	12	Yeah, there are some areas where you
13	about that degradation could lead to an increased	13	have ends of filaments going to the border.
14	inflammatory response in your expert report?	14	BY MR. BROWN:
15	A. Degradation, increased surface, leads	15	Q. Doctor, have you cut pieces of mesh
16	to an intensified inflammation, yeah.	16	before for hernia repair, polypropylene meshes?
17	Q. Doctor, is there any clinical data	17	A. Yes.
18	that an Ethicon polypropylene increases its size and	18	Q. Doctor, are you aware of the places
19	leads to an increase in inflammatory reaction?	19	where you cut the polypropylene, that that has
	·		
20	A. Not to my knowledge.	20	caused an increased inflammatory reaction?
21	Q. Doctor, if we look to the it's two		A. Again, please?
22	paragraphs down where it says "Finally, bacteria."	22	Q. Sure.
23	Do you see that section?	23	Where you have cut a polypropylene
24	A. Uh-huh.	24	mesh and placed it in the abdomen for a hernia
25	Q. Doctor, do you have any clinical data	25	repair, are you aware of it leading to increased
	Page 420		Page 422
1	Page 420 that bacteria can get into the cracks of degraded	1	Page 422 inflammation where you cut it, the mesh?
1 2	that bacteria can get into the cracks of degraded	1 2	inflammation where you cut it, the mesh?
	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?		inflammation where you cut it, the mesh?  A. We are aware that we have that
2 3	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in	2 3	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different
2 3 4	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable	2 3 4	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates
2 3 4 5	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is	2 3	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences,
2 3 4 5 6	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is	2 3 4 5 6	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether
2 3 4 5 6 7	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the	2 3 4 5 6 7	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.
2 3 4 5 6 7 8	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is	2 3 4 5 6 7 8	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh
2 3 4 5 6 7 8	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface	2 3 4 5 6 7 8	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot. And our experience was that the old Marlex® mesh showed an extreme production of these small
2 3 4 5 6 7 8 9	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There	2 3 4 5 6 7 8 9	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot. And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't
2 3 4 5 6 7 8 9 10	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I	2 3 4 5 6 7 8 9 10	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot. And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just
2 3 4 5 6 7 8 9 10 11	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a	2 3 4 5 6 7 8 9 10 11	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot. And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these
2 3 4 5 6 7 8 9 10 11 12 13	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this	2 3 4 5 6 7 8 9 10 11 12 13	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot. And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.
2 3 4 5 6 7 8 9 10 11 12 13	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding	2 3 4 5 6 7 8 9 10 11 12 13	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation
2 3 4 5 6 7 8 9 10 11 12 13 14	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding this, this potential risk for the patient, so	2 3 4 5 6 7 8 9 10 11 12 13 14	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation to this to these particles alone is hardly is
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding this, this potential risk for the patient, so  Q. Doctor, I want to get you out of here	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation to this to these particles alone is hardly is hard to be verified in clinical studies or even in
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding this, this potential risk for the patient, so  Q. Doctor, I want to get you out of here by 5:00. Okay? So I just want to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation to this to these particles alone is hardly is hard to be verified in clinical studies or even in experimental studies. However, if there is good
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding this, this potential risk for the patient, so  Q. Doctor, I want to get you out of here by 5:00. Okay? So I just want to  My question to you is, is there any	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation to this to these particles alone is hardly is hard to be verified in clinical studies or even in experimental studies. However, if there is good evidence that the degree of tissue inflammation
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding this, this potential risk for the patient, so  Q. Doctor, I want to get you out of here by 5:00. Okay? So I just want to  My question to you is, is there any clinical data that shows that bacteria gets in the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation to this to these particles alone is hardly is hard to be verified in clinical studies or even in experimental studies. However, if there is good evidence that the degree of tissue inflammation depends on the surface to the foreign body. And the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding this, this potential risk for the patient, so  Q. Doctor, I want to get you out of here by 5:00. Okay? So I just want to  My question to you is, is there any clinical data that shows that bacteria gets in the degraded mesh and leads to infection?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation to this to these particles alone is hardly is hard to be verified in clinical studies or even in experimental studies. However, if there is good evidence that the degree of tissue inflammation depends on the surface to the foreign body. And the higher the surface and the more foreign bodies, the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding this, this potential risk for the patient, so  Q. Doctor, I want to get you out of here by 5:00. Okay? So I just want to  My question to you is, is there any clinical data that shows that bacteria gets in the degraded mesh and leads to infection?  MR. ANDERSON: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation to this to these particles alone is hardly is hard to be verified in clinical studies or even in experimental studies. However, if there is good evidence that the degree of tissue inflammation depends on the surface to the foreign body. And the higher the intensity of the inflammation and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding this, this potential risk for the patient, so  Q. Doctor, I want to get you out of here by 5:00. Okay? So I just want to  My question to you is, is there any clinical data that shows that bacteria gets in the degraded mesh and leads to infection?  MR. ANDERSON: Objection.  Go ahead.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation to this to these particles alone is hardly is hard to be verified in clinical studies or even in experimental studies. However, if there is good evidence that the degree of tissue inflammation depends on the surface to the foreign body. And the higher the surface and the more foreign bodies, the higher the intensity of the inflammation and fibrosis there. But there is no absolute level.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding this, this potential risk for the patient, so  Q. Doctor, I want to get you out of here by 5:00. Okay? So I just want to  My question to you is, is there any clinical data that shows that bacteria gets in the degraded mesh and leads to infection?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: I don't find the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation to this to these particles alone is hardly is hard to be verified in clinical studies or even in experimental studies. However, if there is good evidence that the degree of tissue inflammation depends on the surface to the foreign body. And the higher the surface and the more foreign bodies, the higher the intensity of the inflammation and fibrosis there. But there is no absolute level.  Q. Doctor, do you have any clinical
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	that bacteria can get into the cracks of degraded mesh and increase the risk of infection?  A. I know that the risk for infection in the presence of a biomaterial is a considerable concern. So there is general a concern, or this is a major complication in this field, and there is quite good evidence that this is related to the surface of the material. As I tried to point out is we have very little information about surface cracking of Ethicon polypropylene products. There are few investigations, few images of it. And I don't yeah. I don't remember whether there is a specific study showing if Prolift® shows this degradation. But I didn't see any study excluding this, this potential risk for the patient, so  Q. Doctor, I want to get you out of here by 5:00. Okay? So I just want to  My question to you is, is there any clinical data that shows that bacteria gets in the degraded mesh and leads to infection?  MR. ANDERSON: Objection.  Go ahead.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	inflammation where you cut it, the mesh?  A. We are aware that we have that there are differences between the different materials, whether they made this this creates this particle when trimming. There are differences, so it depends from the textile structures whether you have a lot and whether you don't have a lot.  And our experience was that the old Marlex® mesh showed an extreme production of these small particles in the OR field. Of course, we didn't made a revision operation after two weeks or just could relate it to this particle loss in these patients if they got some inflammatory response.  So the reduction of the inflammation to this to these particles alone is hardly is hard to be verified in clinical studies or even in experimental studies. However, if there is good evidence that the degree of tissue inflammation depends on the surface to the foreign body. And the higher the surface and the more foreign bodies, the higher the intensity of the inflammation and fibrosis there. But there is no absolute level.

Page 423 Page 425 inflammatory reaction? of your trimming there. 2 2 MR. ANDERSON: Objection. So there are mesh configurations that 3 Go ahead. produce only little fraying, and there is others 4 THE WITNESS: For the tissue or -that produce more of them. And this is -- I know 5 there is no specific -- there are no specific data, this is investigated by Ethicon as well, and, 6 to my knowledge, that are able to separate the therefore, they switch to laser cutting of the mesh 7 overall tissue reaction, the effect to the material instead of mechanical. But in the OR, you don't and to these lost particles by cutting through, have the laser to cut it and to trim it, and, 9 which is -- I don't know any study which is able to therefore, you should be aware that this happens and 10 separate these effects. you should try to control the amount of fraying that 11 BY MR. BROWN: 11 may occur after -- when trimming the mesh. 12 12 O. Doctor, when you place a piece of Doctor, when you have a pore and then 13 mesh in an animal, you cut the mesh and then place you go and you cut that pore and it's got a little 14 it in the animal. Correct? 14 piece of that fiber sticking out, is that what 15 Usually that is not right. In most 15 you're saying is fraying? 16 of the studies, with Ethicon as well, we got the 16 It is -- yeah. This fraying consists mesh materials presized or pretrimmed or in the of different particles. Some are some small 18 definitive configuration, because then they were particles spreading out from the polymer and some 19 packed for experimental use in the appropriate size, 19 others are the remaining fibers which are cut 20 and then they went to the sterilization. So in most 20 through and then lost. 21 21 of our experimental studies, we did not trim it When you take a piece of Prolift® 22 22 right out of the package, is there any fraying on during the OR. 23 23 Doctor, did you ever trim a piece of the side of the Prolift® mesh as it comes out of the mesh, an Ethicon polypropylene mesh, and place it in package? 25 25 an animal? A. This is written in his report there Page 424 Page 426 that there are some -- always there are some small 1 I do not remember if in any of these experiments it was necessary, because, as I said, we particles. 3 always got it packed in 2 to 3 centimeters sample So when you got it precut and sent to size there. you and placed in animals, it would have already had 5 Well, Doctor, if it comes already fraying on it. Correct? Let me restate that. O. frayed and frizzled, as you've stated when you When you got mesh that was sent to 7 implanted it, it would be frayed and frizzled. you precut, then it would have already had some 8 8 Correct? fraying. Correct? 9 9 A. Please explain frayed and frizzled, It may. But it depends from the 10 what you mean, in detail. 10 textile you have. There are some without and some 11 Well, I want to make sure that I'm 11 when it has a very firm linkage, then it does not 12 using your words correctly. And you talk about -tend to lose so much material. And, therefore, it may be that you have a mesh that has only very if you look on page 47 of your expert report. 14 Do you see on the top it says 14 little amount of fraying. 15 15 "Fraying"? Do you see that heading, Doctor? Doctor, for the Prolene® Soft Mesh 16 16 A. Fraying, yeah. when it comes to you precut, there's going to be 17 17 Q. What do you mean by fraying? some fraying. 18 18 Fraying is a -- what we have been --Is that what you're saying? 19 19 learned from the Marlex® mesh, that you have a --A. There is some fraying. 20 several small particles that appear during -- maybe 20 And when you place that in an animal appear during the manufacturing process but which of 21 and tested it, can't you look to see if there's a 21 22 course occur when you trim the mesh, because you higher inflammatory response on the edges? <sup>23</sup> have to cut the linkage of the textile. And it 23 To investigate whether the fraying 24 depends from the textile structure and from the 24 has an effect there, then you would have to make

linkings how much of this fraying will be the result

another experiment then. You have to compare the

	confidencial bubject to beipaid		
	Page 427		Page 429
1	Prolift® without fraying and then add some fraying	1	separate this clearly.
2	on it and then look what is the biological	2	BY MR. BROWN:
3	consequences for this. This is the fraying.	3	Q. Doctor, are you saying that there is
4	The frizzling, this sharp edges at	4	no preclinical or clinical studies that shows that
5	the border of it, there are some devices which	5	the Prolene® Soft Mesh where it frays elicits a
6	closed the border by just putting in some filaments	6	higher inflammatory response?
7	so that you don't have these sharps edges there.	7	MR. ANDERSON: Objection, asked and
8	This may be an alternative. You can do some testing	8	answered.
9	comparing these two, but this mainly depends from	9	Go ahead.
10	the mobility of the tissue. So sharp edges in a	10	THE WITNESS: I am not sure whether I
11	tissue which does not show this mobility will not do	11	get all these combinations in your sentences right.
12	likely so much harm as in an area where you have a	12	BY MR. BROWN:
13	lot of mobility.	13	Q. Do you have any clinical or
14	Q. Doctor, can't you compare, in the	14	preclinical studies that shows that the fraying of
15	middle of the mesh where there's not any fraying to	15	the Prolene® Soft Mesh increases the inflammatory
16	the corners of the mesh and decide if there's higher	16	response?
17	inflammatory response where the fraying is	17	MR. ANDERSON: Objection.
18	occurring?	18	Go ahead.
19	MR. ANDERSON: Objection.	19	THE WITNESS: As I have said, I have
20	Go ahead.	20	no data that identifies the separate impact of the
21	THE WITNESS: It is very difficult,	21	fraying to the inflammation.
22	yeah. You may have a look to it, but this would	22	BY MR. BROWN:
23	interfere with the surgical trauma, which is	23	Q. Okay.
24	different to the sides as to the middle. This	24	A. Neither clinical or preclinical.
25	depends of the shearing stress. So if you have in	25	MR. BROWN: I know we've been going
	Page 428		Page 430
1	the tissue that is without mobility, then you have	1	for a while, so let's take a break.
2	the tissue that is without mobility, then you have another thing. It depends from the tensile	2	
	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures,	2 3	for a while, so let's take a break.  MR. ANDERSON: Sounds good.
2	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction	2 3 4	for a while, so let's take a break.  MR. ANDERSON: Sounds good.   (A recess was taken from 2:27 p.m. to
2 3	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there	2 3 4 5	for a while, so let's take a break.  MR. ANDERSON: Sounds good.
2 3 4	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several	2 3 4	for a while, so let's take a break.  MR. ANDERSON: Sounds good.   (A recess was taken from 2:27 p.m. to 2:42 p.m.)
2 3 4 5	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the	2 3 4 5	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:
2 3 4 5 6	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no	2 3 4 5 6	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation
2 3 4 5 6 7	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a	2 3 4 5 6 7	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)  BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.
2 3 4 5 6 7 8	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.	2 3 4 5 6 7 8	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a
2 3 4 5 6 7 8	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:	2 3 4 5 6 7 8	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could
2 3 4 5 6 7 8 9	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.	2 3 4 5 6 7 8 9	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?
2 3 4 5 6 7 8 9 10	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or	2 3 4 5 6 7 8 9 10	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will
2 3 4 5 6 7 8 9 10 11	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.	2 3 4 5 6 7 8 9 10 11	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?
2 3 4 5 6 7 8 9 10 11 12 13	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or	2 3 4 5 6 7 8 9 10 11 12 13	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are separated from the filament and, therefore, means
2 3 4 5 6 7 8 9 10 11 12 13	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or preclinical studies that shows that the fraying of	2 3 4 5 6 7 8 9 10 11 12 13	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are
2 3 4 5 6 7 8 9 10 11 12 13 14	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or preclinical studies that shows that the fraying of the Prolene® Soft Mesh elicits a higher inflammatory	2 3 4 5 6 7 8 9 10 11 12 13 14	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are separated from the filament and, therefore, means
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or preclinical studies that shows that the fraying of the Prolene® Soft Mesh elicits a higher inflammatory response?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)  Parallel BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are separated from the filament and, therefore, means increase of surface.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or preclinical studies that shows that the fraying of the Prolene® Soft Mesh elicits a higher inflammatory response?  MR. ANDERSON: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)  Parallel BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are separated from the filament and, therefore, means increase of surface.  Q. So when you're concerned about a
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or preclinical studies that shows that the fraying of the Prolene® Soft Mesh elicits a higher inflammatory response?  MR. ANDERSON: Objection.  Go ahead.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are separated from the filament and, therefore, means increase of surface.  Q. So when you're concerned about a potential inflammatory reaction, is it because of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or preclinical studies that shows that the fraying of the Prolene® Soft Mesh elicits a higher inflammatory response?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Again,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)   BY MR. BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are separated from the filament and, therefore, means increase of surface.  Q. So when you're concerned about a potential inflammatory reaction, is it because of the increased surface or is it because of potential
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or preclinical studies that shows that the fraying of the Prolene® Soft Mesh elicits a higher inflammatory response?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Again, inflammation/infection is a clinical concern based	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)  Parallel BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are separated from the filament and, therefore, means increase of surface.  Q. So when you're concerned about a potential inflammatory reaction, is it because of the increased surface or is it because of potential particles that come off the mesh fiber?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or preclinical studies that shows that the fraying of the Prolene® Soft Mesh elicits a higher inflammatory response?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Again, inflammation/infection is a clinical concern based on clinical complications, and I don't know any	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)  Parallel BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are separated from the filament and, therefore, means increase of surface.  Q. So when you're concerned about a potential inflammatory reaction, is it because of the increased surface or is it because of potential particles that come off the mesh fiber?  MR. ANDERSON: Objection.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or preclinical studies that shows that the fraying of the Prolene® Soft Mesh elicits a higher inflammatory response?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Again, inflammation/infection is a clinical concern based on clinical complications, and I don't know any study that can differentiate the impact of fraying,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)  Parallel BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are separated from the filament and, therefore, means increase of surface.  Q. So when you're concerned about a potential inflammatory reaction, is it because of the increased surface or is it because of potential particles that come off the mesh fiber?  MR. ANDERSON: Objection.  Go ahead.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	the tissue that is without mobility, then you have another thing. It depends from the tensile strength. If you have a collapse of structures, then you have an intensified inflammatory reaction in the middle, not at the border. So, yeah, there may be or I have no problems to design several experiments studying this phenomenon and the relevance for the biological outcome. I have no problems to make this design. But I'm, again, not a manufacturer.  BY MR. BROWN:  Q. And, Doctor, let me ask you this.  Do you have any clinical studies or preclinical studies that shows that the fraying of the Prolene® Soft Mesh elicits a higher inflammatory response?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Again, inflammation/infection is a clinical concern based on clinical complications, and I don't know any study that can differentiate the impact of fraying, particle loss, surface, to separate all these	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	for a while, so let's take a break.  MR. ANDERSON: Sounds good.  (A recess was taken from 2:27 p.m. to 2:42 p.m.)  Parallel BROWN:  Q. Doctor, let me go back to degradation just for a little bit.  Is it your understanding that if a mesh does degrade, that some free particles could come off of the mesh fiber?  A. Degradation, yeah, means or will offer the option to that some particles are separated from the filament and, therefore, means increase of surface.  Q. So when you're concerned about a potential inflammatory reaction, is it because of the increased surface or is it because of potential particles that come off the mesh fiber?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: When there is a release

Page 431 1 And the local inflammatory reaction so far I studies or preclinical that show particles coming from the Prolift® mesh as a result of degradation 2 understand is influenced by the surface in general, 3 3 leading to increased inflammation? as well as the relative movements of particles to 4 this tissue. And all together, this -- a 4 There are many, many limitations that 5 considerable -- this balance of the mobility there makes it impossible to create a causal chain between and enhanced surface that has to be considered as a degradation particle loss and inflammation. But risk factor and not as a beneficial aspect. taken all together, the increase of surface of a BY MR. BROWN: foreign body reaction in a given area of the tissue 9 Doctor, are you aware of any clinical has to be considered as a risk and not as a 10 data on the Prolift® allowing any free particles to 10 beneficial aspect. 11 come off the mesh and elicit a higher inflammatory 11 0. And as we said earlier, there's no 12 12 response? clinical data that the Prolift® mesh surface 13 13 MR. ANDERSON: Objection. increases: is that correct? 14 14 Go ahead. MR. ANDERSON: Objection. 15 15 THE WITNESS: I know that there is a Go ahead. release of particles when trimming the Prolift®, not 16 THE WITNESS: I can just repeat my only from our investigations, but from the documents last sentence. There is no clinical data that is --18 from Ethicon themselves. To my knowledge -which is able to demonstrate a causal chain between 19 BY MR. BROWN: 19 one certain point and the other. 20 20 BY MR. BROWN: Doctor, do you understand my 21 21 question? And I'll ask you about the trimming. Doctor, are there -- strike that for Q. 22 22 A. Yeah, yeah. a second. 23 23 But mine is just about particles that Dr. Mang, when he tested the Prolift® O. may come from degradation. mesh, did he use some kind of device to see what 25 kind of particles would come off the Prolift®? Do you want me to restate my Page 432 Page 434 Again, Dr. Muhl? 1 question? 1 A. 2 2 MR. ANDERSON: Dr. Muhl. My question was, are there any 3 3 particles -- scratch that. THE WITNESS: Dr. Muhl. 4 Are you aware of any particles that BY MR. BROWN: 5 Dr. Mung. come from degradation that lead to an increased O. 6 inflammatory response for the Prolift®? 6 A. You are talking about the study of 7 Dr. Mung? I have insufficient data to say 8 Q. 8 how -- about the degradation of the Prolift® as seen Yes. 9 9 in the electron microscopy. I know from the A. So please again with --10 records, from the documents, that there have been 10 O. Yes. 11 11 these investigations, but I did not have the Did Dr. Mung use a utensil or device 12 opportunity to have a look to this. And, therefore, 12 to see if particles would come off the Prolift® out 13 I'm not able to estimate what may be the amount of 13 of the package? particles that can be separated or can be released 14 A. We have been sitting together and by this degradation process. But considering all of 15 writing a protocol to see or to separate several 16 the literature and all my knowledge, I cannot steps which may be interesting to know whether this 17 17 imagine any beneficial effect of it. creates some particles or which eases the release of 18 But at this time, you're not aware of some particles. And there we defined several time 19 there being any particles coming from the 19 periods to look after these time periods and put all this together in an experimental setting. So we can 20 polypropylene mesh that leads to this inflammatory 21 response, this heightened inflammatory response; is 21 go to -- through this experimental setting and to 22 22 that correct? the data in detail, but then we should do it with 23 23 I can restate the question. I know the paper. 24 24 it's loud. O. Well, I'm speaking more on the -- you 25 Doctor, are there any clinical reviewed the expert report of Dr. Mung; is that

	Confidencial - Subject to Scipula		<del>_</del>
	Page 435		Page 437
1	right?	1	pelvic floor leads to complications?
2	A. Yeah.	2	A. I'm aware of many, many preclinical
3	Q. And Dr. Mung's expert report have	3	studies showing that increased surface is associated
4	you reviewed Dr. Mung's expert report?	4	with increased inflammation of the tissue around,
5	A. I've read it.	5	but I've I'm not aware of a specific
6	Q. And did Dr. Mung use a device to make	6	investigation looking for the Prolift® and the
7	contact with the Prolift® to see if particles would	7	amount of particles around there. Yeah.
8	come off the Prolift®?	8	Q. Doctor, do other meshes shed these
9	MR. ANDERSON: He just said he'd like	9	particles?
10	to see it.	10	MR. ANDERSON: Objection.
11	BY MR. BROWN:	11	Go ahead.
12	Q. Do you know if he did that or not?	12	THE WITNESS: We did not make a
13	MR. ANDERSON: Again, he said he'd	13	systematic analysis of all meshes available, about
14	like to see it.	14	the quantity of particulate release after before
15	THE WITNESS: Yeah, we have to go to	15	trimming and after trimming. I know from my
16	the paperwork. I know that it was very many	16	experience that the Marlex® mesh was an extreme bad
17	different steps to look whether there was one or to	17	example of releasing a lot of these particles, that
18	objectify whether there was a particle loss or not.	18	it was not so evidence for the clinician during the
19	So many details, then we should go line by line in	19	OR for the Vypro® and for the Ultrapro®. It is not
20	the protocol and then we can see it.	20	like this.
21	BY MR. BROWN:	21	I know from the literature studies
22	Q. Doctor, I'm just asking you what you	22	about slings that there are differences in between
23	remember as you sit here today.	23	the various structures. So, yeah, there it
24	And so do you remember particles	24	depends from the textile structure mainly the degree
25	coming from Dr. Mung's test?	25	of particle release.
	Page 436		Page 138
1	Page 436 MR. ANDERSON: Again, I think in	1	Page 438 BY MR. BROWN:
1 2	Page 436 MR. ANDERSON: Again, I think in fairness	1 2	BY MR. BROWN:
	MR. ANDERSON: Again, I think in fairness		BY MR. BROWN:  Q. What meshes have you tested to see
2	MR. ANDERSON: Again, I think in fairness MR. BROWN: Ben, I know what you're	2	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?
2 3	MR. ANDERSON: Again, I think in fairness MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.	2 3	BY MR. BROWN:  Q. What meshes have you tested to see
2 3 4	MR. ANDERSON: Again, I think in fairness MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows. MR. ANDERSON: Well, it's in fairness	2 3 4	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.
2 3 4 5	MR. ANDERSON: Again, I think in fairness MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows. MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.	2 3 4 5	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he
2 3 4 5 6	MR. ANDERSON: Again, I think in fairness MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows. MR. ANDERSON: Well, it's in fairness to him, you should provide it to him. MR. BROWN: If you want to make it	2 3 4 5 6	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that,
2 3 4 5 6 7	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a	2 3 4 5 6 7	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.
2 3 4 5 6 7 8	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document	2 3 4 5 6 7 8	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has
2 3 4 5 6 7 8	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?	2 3 4 5 6 7 8	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.
2 3 4 5 6 7 8 9	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do	2 3 4 5 6 7 8 9	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on
2 3 4 5 6 7 8 9 10	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.	2 3 4 5 6 7 8 9 10	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.
2 3 4 5 6 7 8 9 10 11	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember	2 3 4 5 6 7 8 9 10 11 12	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:
2 3 4 5 6 7 8 9 10 11 12 13	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to	2 3 4 5 6 7 8 9 10 11 12 13	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever
2 3 4 5 6 7 8 9 10 11 12 13	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to look what has been collected in the package, and	2 3 4 5 6 7 8 9 10 11 12 13	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever been any studies on whether PVDF sheds particles?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to look what has been collected in the package, and some has been by some instrument to look what can be	2 3 4 5 6 7 8 9 10 11 12 13 14	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever been any studies on whether PVDF sheds particles?  A. I'm not sure, because I did not
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to look what has been collected in the package, and some has been by some instrument to look what can be released by some gentle forces there. And then he	2 3 4 5 6 7 8 9 10 11 12 13 14 15	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever been any studies on whether PVDF sheds particles?  A. I'm not sure, because I did not realize or remember directly the figures, how much
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to look what has been collected in the package, and some has been by some instrument to look what can be released by some gentle forces there. And then he looked what can be released by some, additionally, I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever been any studies on whether PVDF sheds particles?  A. I'm not sure, because I did not
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to look what has been collected in the package, and some has been by some instrument to look what can be released by some gentle forces there. And then he looked what can be released by some, additionally, I think hydrosonic has been applied there, and then	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever been any studies on whether PVDF sheds particles?  A. I'm not sure, because I did not realize or remember directly the figures, how much particle loss has to be considered with a DynaMesh structure there.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to look what has been collected in the package, and some has been by some instrument to look what can be released by some gentle forces there. And then he looked what can be released by some, additionally, I think hydrosonic has been applied there, and then what is done by some cutting of 1 or 2 centimeters.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever been any studies on whether PVDF sheds particles?  A. I'm not sure, because I did not realize or remember directly the figures, how much particle loss has to be considered with a DynaMesh structure there.  Q. Doctor, if you look at page 43 of
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to look what has been collected in the package, and some has been by some instrument to look what can be released by some gentle forces there. And then he looked what can be released by some, additionally, I think hydrosonic has been applied there, and then what is done by some cutting of 1 or 2 centimeters. It just yeah.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever been any studies on whether PVDF sheds particles?  A. I'm not sure, because I did not realize or remember directly the figures, how much particle loss has to be considered with a DynaMesh structure there.  Q. Doctor, if you look at page 43 of your report, it actually starts 42.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to look what has been collected in the package, and some has been by some instrument to look what can be released by some gentle forces there. And then he looked what can be released by some, additionally, I think hydrosonic has been applied there, and then what is done by some cutting of 1 or 2 centimeters. It just yeah.  BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever been any studies on whether PVDF sheds particles?  A. I'm not sure, because I did not realize or remember directly the figures, how much particle loss has to be considered with a DynaMesh structure there.  Q. Doctor, if you look at page 43 of your report, it actually starts 42.  If you look on page 43, Doctor?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to look what has been collected in the package, and some has been by some instrument to look what can be released by some gentle forces there. And then he looked what can be released by some, additionally, I think hydrosonic has been applied there, and then what is done by some cutting of 1 or 2 centimeters. It just yeah.  BY MR. BROWN:  Q. And are you aware of any clinical or	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever been any studies on whether PVDF sheds particles?  A. I'm not sure, because I did not realize or remember directly the figures, how much particle loss has to be considered with a DynaMesh structure there.  Q. Doctor, if you look at page 43 of your report, it actually starts 42.  If you look on page 43, Doctor?  A. I'm looking.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MR. ANDERSON: Again, I think in fairness  MR. BROWN: Ben, I know what you're asking, but I'm asking him what he knows.  MR. ANDERSON: Well, it's in fairness to him, you should provide it to him.  MR. BROWN: If you want to make it across the litigation that every time we ask a question, that we have to show the document  MR. ANDERSON: If he asked to see it?  MR. BROWN: we'll be glad to do so. You can ask your counterpart about that.  THE WITNESS: As I remember correctly, it's some time ago, then some was just to look what has been collected in the package, and some has been by some instrument to look what can be released by some gentle forces there. And then he looked what can be released by some, additionally, I think hydrosonic has been applied there, and then what is done by some cutting of 1 or 2 centimeters. It just yeah.  BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	BY MR. BROWN:  Q. What meshes have you tested to see what kind of particles come from that mesh?  A. We can look to the report which meshes are there.  MR. ANDERSON: Did you say which he studied or which have been studied? I missed that, I'm sorry.  MR. BROWN: What Dr. Klinge has studied, which ones he has studied.  THE WITNESS: So this report is on Prolift® and Prolift+M®.  BY MR. BROWN:  Q. Doctor, do you know if there's ever been any studies on whether PVDF sheds particles?  A. I'm not sure, because I did not realize or remember directly the figures, how much particle loss has to be considered with a DynaMesh structure there.  Q. Doctor, if you look at page 43 of your report, it actually starts 42.  If you look on page 43, Doctor?

Page 441 Page 439 1 A. Second -- third, "Furthermore this 1 access, then you can decrease the incidence of 2 study clearly shows." infections with the laparoscopic access in 3 3 Doctor, when you state, comparison to the open one, and to make a Q. 4 "contamination has to be considered as a rule when transvaginal approach, bias the risk for bacterial 5 using meshes in the pelvic floor," why do you state 5 contamination if you use a mesh. 6 that? 6 Are you saying abscess or what --7 7 A. I've learned from the beginning of my MR. ANDERSON: Access, access. 8 8 surgical career that the presence of bacteria in THE WITNESS: The access or the 9 approach. combination with a foreign body is a concern and 9 10 10 that you should avoid it and that you should be very MR. ANDERSON: To access. 11 careful not to use foreign bodies in the presence of 11 BY MR. BROWN: 12 12 bacteria, despite -- and that you should use O. So why does the access in the pelvic 13 13 prophylactic antibiotics even in clean wounds if you floor lead to higher contamination, in your opinion? 14 14 are placing an -- a foreign body. And still today, MR. ANDERSON: Asked and answered. 15 15 there is a controversial discussion whether it's Go ahead. justified to use or to implant a mesh in the 16 BY MR. BROWN: 17 17 abdominal cavity after damage of thin bowels and What about accessing through the 18 thick bowels. 18 pelvic floor leads to higher contamination for the 19 19 mesh? The general opinion is that in cases 20 20 of severe contamination, that means already the A. No. The transvaginal approach to 21 damage of the thick bowel, where you have a lot of 21 place the mesh means that you have a risk for 22 carrying bacterias into the wound. And this is 22 bacteria, that you should stop to use a textile 23 implant at the same operation, but you have to wait 23 confirmed by the studies looking to bacteria at the 24 for it. 24 mesh surface. 25 25 So our experience, my experience and 0. Do you have a risk of having bacteria Page 440 Page 442 1 I would say the experience of the surgical when you place it in -- or place the mesh in community, is to be very, very resistant or very abdominally as well? limited use of foreign body materials in combination You always have a risk with a foreign with some contamination in that field. That is what body, but you have to reduce it at maximum. And for I've taught, what I can say for abdominal surgery. abdominal wall, it is reduced, first of all, by 5 6 And -getting or optimizing the indication. Second, by 7 Q. Doctor, you know my question was optimizing the access --8 8 limited to pelvic floor, though. MR. ANDERSON: The access. 9 9 At the beginning, I was really THE WITNESS: -- the way to bring it 10 surprised about the use of pelvic floor meshes by 10 in. And these are the options to do so. 11 11 BY MR. BROWN: this approach. And this concern is confirmed by 12 12 this study where they looked to the bacterial Doctor, would you agree that the mesh 13 contamination of these meshes. And, therefore, I 13 construction for Prolift® has sufficient -- scratch hope I write it correctly, that in contrast to the 14 that. 15 use of meshes in the abdominal wall, contamination Would you agree that the mesh --16 is to be considered as a rule. This is a much 16 scratch that one more time. 17 17 higher risk than I would assume for the abdominal Would you agree that the Prolift® as wall, for the implantation in the abdominal wall. 18 it's constructed has sufficiently large pores to 19 The contamination with bacteria is a more important 19 allow the body to clean out bacteria that might 20 20 concern than in the abdominal wall. become on it? 21 What causes the increased 21 MR. ANDERSON: Objection. O. 22 22 contamination in the pelvic floor, Doctor? Go ahead. 23 23 A. To my knowledge, it is the access. THE WITNESS: No, I think it is not 24 sufficient pore size to clean out, not because of We have similar experiences in our sort of surgery that we even -- if you compare laparoscopic and open the reason that it is impossible for macrophages to

Page 443 Page 445 1 reach these bacterias, but we know from many of our 1 to summarize or to come to a final point where 2 studies that the function of the macrophages is this -- how often this infection occurs. 3 3 impaired in the neighborhood of foreign bodies if If we just look to the subgroup of there is a present bacterial infection. So the meshes that has been explanted because of infection 5 defense capability of the macrophages cleaning, what from Professor Klosterhalfen, the median interval of 6 you say cleaning the body from the bacteria, is explantation is two years. And if I remember 7 reduced, and that is -- that makes the tremendous correctly, there has been a huge study from the US risk. If you have an infected foreign body, if you veteran hospitals, I guess about more than 1,000 9 have an infected mesh, everyone knows that it is mesh operations for incisional hernia. And they 10 hard to get control of this infection, if there are reported similarly that it is a delay of two years. 11 only some risks of this mesh remain in the tissue. 11 So you have to consider that there is a lifelong 12 So cleaning of an infection, though I know some risk for manifestation of infection. And, 13 report that they can treat a mesh infection just by therefore, it is hard for me to say what is the 14 waiting, very many reports confirmed that it is very 14 incidence of it, at what time point. 15 15 difficult to get control of a mesh infection. Doctor, are you familiar with the 16 BY MR. BROWN: 16 Cosson study where he did a three-year study and 17 17 O. Is that a Prolift® mesh, Doctor? found less than 1 percent of infection? 18 18 A. That is -- there are reports about A. Am I -- yeah, I remember. 19 19 severe mesh infections for the Prolift®, but for all O. If mesh contamination is the rule, 20 20 other meshes as well. It is a general experience how do you explain infection rates of around even 1, 21 21 for all -- I would say for all surgical fields, that 2 and 3 percent if the Prolift® is not constructed 22 22 the control of an infection in the presence of a in such a way where the body can't clean it out? foreign body requires the removal of the foreign 23 23 MR. ANDERSON: Objection. 24 body. 24 Go ahead. 25 25 Q. So, Doctor, it's your testimony that THE WITNESS: The simple reason is Page 444 Page 446 that we don't have to treat -- we are not treating the Prolift® is constructed in such a way that when 2 bacteria gets on it, it usually needs to be removed? standardized patients with -- which are healthy. 3 MR. ANDERSON: Objection. And you add some surgical trauma to it. You have to 4 Go ahead. consider that you have females of different ages, 5 THE WITNESS: For most of the different co-morbidities, that maybe some of them 6 clinical experience, it is necessary to remove. have an impaired immunological defense capacity. So 7 But, however, it depends from the presence of this maybe in the very young patients, in the healthy 8 infection whether it is surrounded by bacterial patients, you have a very, very low infection risk; 9 liquid or whether it's just a short edge which may but if you have an additional risk by increased 10 be not covered any longer by some tissues. So, of 10 surface, increased number of bacteria, specific 11 course, because of our difficulties to remove a 11 strain of bacteria as well, it may occur, and 12 12 mesh, and in particularly to remove the Prolift®, obviously it occurred, that in some patients, there 13 therefore, we usually try to make a conservative are some infections, there manifests some 14 treatment to heal it out. But very often, it does infections, though in many others, in the period you 15 follow up, you didn't see it. But maybe you just not work. 16 16 BY MR. BROWN: have to wait. 17 17 BY MR. BROWN: Q. Doctor, what are the infection rates 18 for the Prolift®? 18 Doctor, is it your testimony that 19 19 There are figures, if I remember contamination is the rule for meshes placed through 20 correctly, but we can go to the FDA report or to the vagina and that the Prolift® doesn't allow 21 look there. But if I am -- remember correctly, it's 21 itself to be cleared out with infection and only has about maybe 3 to 5 percent in some infection, but it 22 infection rates of 1, 2 and 3 percent? 23 23 is difficult to separate this from erosion, local, MR. ANDERSON: Objection to form. 24 which is a local infection as well. And the 24 THE WITNESS: It's a chain of critical point is that you have to wait a long time different -- of various statements there in your

Page 447 Page 449 1 sentence. 1 increase the risk for a specific -- for a population BY MR. BROWN: 2 of patients for making or for getting an infection. 3 And I believe that an optimum procedure and an Q. Do you want me to restate it, Doctor? 4 Here's what I want to know. optimum device will have no infection. 5 Is it your testimony that if BY MR. BROWN: 6 6 contamination is the rule and the Prolift® cannot What is an optimum device that 7 7 clean out -prevents infection? 8 First part, can we do it in parts? 8 We told already or we talked about A. A. 9 Q. Let me ask you this. already that it's difficult to find the best device. Is contamination the rule when 10 But from the point of the view of a patient and from 11 placing a mesh in pelvic floor repair? the point of the view of a surgeon, I want to have a 12 A rule if you mean 100 percent, that device which, even with the risk of contamination, 12 13 I'm not sure to do so. 13 does not lead to a single infection there, because 14 Q. Most of the time? 14 the risk of any revision is considerable. 15 15 A. But as the studies indicate that it And is there any device, Doctor, on is a considerable risk, which is different to other 16 the market today that prevents any infection? 17 fields of surgery. So there is a specific risk MR. ANDERSON: Any mesh device? 18 18 because of this contamination in -- which has to be MR. BROWN: Any mesh device. 19 19 considered, yes. THE WITNESS: Which prevents -- it's 20 Doctor, if contamination is the rule a difficult topic whether there is some which 21 and the Prolift® mesh doesn't allow itself to be prevents it. But the history is clear, there has cleared out from the body, what kind of infection been removed some of the devices because of the 22 rates would you expect to see? 23 23 problem for infection. There has been some devices 24 MR. ANDERSON: Objection. that has been used in the pelvic floor that have 25 Go ahead. been removed, mainly, so far I remember, because of Page 448 Page 450 1 THE WITNESS: I don't know any mesh infection. And, therefore, we are sure and we know that is able to clear themself by some bacteria. that this risk for manifest infection is influenced 3 BY MR. BROWN: by the quality of the structure of the device. Yes. 4 O. Allow the mesh to clear itself? BY MR. BROWN: 5 MR. ANDERSON: Same objection. 5 O. My question is, is there a device, a 6 BY MR. BROWN: mesh device, that's out there today that prevents 7 Allow the body to clear the infection infection? O. 8 8 if the infection is on the mesh? A. Obviously there are meshes or 9 MR. ANDERSON: Same objection. 9 structures that are better than others. 10 BY MR. BROWN: 10 O. But are there any that there's no 11 11 infection as a result of that mesh? Let me restate it so I have got one 12 12 question out there, and then you can answer it. You cannot answer this, because 13 If contamination for mesh put in infection may have several different reasons, and 14 pelvic floor is the rule, what would you expect the only -- and some parts of it are affected by the infection rate to be for the Prolift® mesh when it's 15 15 structures but not all. 16 16 constructed in such a way that it does not allow the Q. Can you --17 17 body to clear it out, the infection? There are infections even without any 18 MR. ANDERSON: Objection. 18 mesh material. And, of course, this cannot be 19 Go ahead. 19 affected by the best material if it's not used. 20 20 THE WITNESS: I do not expect, or I Can you point to a mesh today for know that it is not -- contamination of one bacteria 21 pelvic floor repair or hernia repair that has no 21 22 22 of a surface usually is not enough to create an risk of infection? 23 23 infection, but the persistence of these or the There is no procedure in medicine in 24 number of bacterias that get attached to this, the 24 general, in all fields, that has no risk for surface, the type of bacterias there, they will infection.

Page 451 Page 453 1 Q. Doctor, what mesh construction do you but go ahead and read back my question. 2 2 believe is out there today that is better than the 3 3 Prolift® to prevent infection? (The court reporter read the 4 Maybe Prolift+M®, because it has a 4 pertinent part of the record.) 5 5 reduced surface. But I'm -- as I said, there is --6 6 to my knowledge, there is no competitive study to MR. ANDERSON: Same objection, asked 7 show in clinical trials that one is superior to the and answered. 8 other in regard to the infection. And it is very Go ahead. 9 9 THE WITNESS: No, I do not have a -difficult to make these clinical trials and to look 10 I did not find in the literature a study which to it, because you have to wait for 10, 15 years. 11 However, all the preclinical studies addresses the differences in the attachment of 12 bacteria to the different surface and whether the we did, they clearly indicate, and I have no doubts reduced surface of the Prolift+M® is related to a 13 to this, that the risk for infection is affected by 14 the surface size and the degree of the contamination 14 reduced attachment of bacteria and later on will 15 and the type of the germs that are attached to the have a reduced infection rate. 16 16 BY MR. BROWN: surface. And this has to be investigated, and the 17 amount of surface has to be really reduced, and then O. Doctor, what does it mean to you to 18 18 potentiate infection with regard to a mesh? you can expect that you have a lowered risk, not a 19 19 nonpercent risk, but a lowered risk. It means that the clinical 20 20 manifestation of an infection is accelerated and Doctor, are there any studies that you can point to that the Prolift+M® has a lower 21 intensified in the presence of a foreign body. This 21 22 infection rate than the Prolift®? is -- yeah. This is current knowledge in surgery as 23 23 well, and there are a lot of experimental data That Prolift+M® has a lower infection 24 rate, the clinical studies, studies comparing this. showing what happens if you add bacteria to the 25 I did not get an information on a wound of a alloplastic material. Page 452 Page 454 study that is doing in regards to specify this. 1 Have you seen any studies, Doctor, 2 So there's nothing you can point to where bacteria has been added to the mesh in 3 that shows that there is another mesh construction Prolift® to see if it potentiates infection or it that has a lower infection rate than the Prolift®; does not potentiate infection? 5 5 is that correct? Surprisingly, I did not remember --6 MR. ANDERSON: Objection. or in the moment, I did not remember any study where 7 the aim was to control the bacterial adherence of Go ahead. 8 8 THE WITNESS: I fear this topic has various germs to the surface of the Prolift®. 9 9 not been investigated when having access to the --Doctor, let me just ask you if you --10 which of the two materials is better than the other. 10 I'm showing you Exhibit 18, which is a study by 11 11 Thomas or Dr. Barbolt. BY MR. BROWN: 12 12 Doctor, we'll come back to my 13 13 question then, which is --(Deposition Exhibit No. Klinge-18, 14 MR. BROWN: Would you read it back, 14 Article entitled "Biology of 15 15 Ann Marie? polypropylene/polyglactin 910 grafts", was 16 16 marked for identification.) 17 17 (The court reporter read the 18 18 BY MR. BROWN: pertinent part of the record.) 19 19 It's Exhibit 18. 20 MR. ANDERSON: Objection, asked and 20 Doctor, a couple different things 21 were studied here, but we're talking right now just 21 answered. 22 THE WITNESS: There is a lack of 22 about the infection potentiation. So he discusses a 23 knowledge, yeah. 23 study starting on page S29. Do you see where it 24 MR. BROWN: Would you read back my says "Infection potentiation"? If you would, question? I'm asking you, can you point to a study, Doctor, go ahead and read that section on infection

	Confidential - Subject to Stipula		
	Page 455		Page 457
1	potentiation and then I'll ask you a couple	1	biologicals, and we can let them outside, because
2	questions about it.	2	this is not our job. Then we have the Gynemesh® PS
3	Tell me whenever you're through,	3	and the Marlex® mesh that he looked at it. He
4	Doctor.	4	placed staphylococcus aureus. Staphylococcus aureus
5	Have you had a chance to review it?	5	is not the main germ that has to be considered in
6	MR. ANDERSON: Review what? The	6	the use in the pelvic floor area.
7	whole article or you just	7	Q. What is that main germ?
8	MR. BROWN: No.	8	A. What?
9	MR. ANDERSON: want him to look at	9	Q. What is the main germ for the pelvic
10	these few paragraphs?	10	floor area?
11	MR. BROWN: Yeah. I mean, there's a	11	A. It is some gram negative bacteria as
12	couple of different studies and this is a review of	12	well, a lot of it. We can have a look to this study
13	studies, and I'm only asking about the "Infection	13	where they made the culture of the germs that were
14	potentiation" at this point.	14	isolated from the mesh. But only staphylococcus
15	MR. ANDERSON: Okay.	15	aureus, that's mainly sitting on the skin.
16	THE WITNESS: So I read this chapter,	16	We have made own investigations, and
17	yes.	17	we compared different strains of staphylococcus,
18	BY MR. BROWN:	18	different strains of E. coli, and saw that it is
19	Q. The "Infection potentiation," right	19	very different between the different strains of
20	here?	20	bacteria how they adhere to the surface of this
21	A. Yeah, yeah.	21	material.
22	Or maybe it is not necessary, because	22	So to really want if you want to
23	there are so many things, maybe you can come in	23	control the risk for infection by your material in
24	details with a single to have a look at it.	24	the presence of a contamination, I think you have to
25	Q. Doctor, would you agree in this study	25	do it or I'm sure you have to do it with various
	Page 456		Page 458
1	Page 456 that the Gynemesh® PS was inoculated with some	1	Page 458 sorts of germs.
1 2	that the Gynemesh® PS was inoculated with some	1 2	sorts of germs.
	that the Gynemesh® PS was inoculated with some bacteria?		sorts of germs.  Then he looked after four days, and
2	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right.	2	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It
2	that the Gynemesh® PS was inoculated with some bacteria?	2 3	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you
3 4	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before?	2 3 4	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It
2 3 4 5	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah.	2 3 4 5	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after
2 3 4 5 6	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah.	2 3 4 5 6	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the
2 3 4 5 6 7	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it	2 3 4 5 6 7	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.
2 3 4 5 6 7 8	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before?  A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of	2 3 4 5 6 7 8	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks
2 3 4 5 6 7 8	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.	2 3 4 5 6 7 8	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern.
2 3 4 5 6 7 8 9	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that?	2 3 4 5 6 7 8 9	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.
2 3 4 5 6 7 8 9 10	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before?  A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but	2 3 4 5 6 7 8 9 10	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a
2 3 4 5 6 7 8 9 10 11 12	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no	2 3 4 5 6 7 8 9 10 11	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?
2 3 4 5 6 7 8 9 10 11 12	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh? A. Now, what was what my	2 3 4 5 6 7 8 9 10 11 12 13	sorts of germs.  Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of
2 3 4 5 6 7 8 9 10 11 12 13 14	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh? A. Now, what was what my interpretation of this document is, that it first	2 3 4 5 6 7 8 9 10 11 12 13	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of Professor Klosterhalfen with 1,000 explants, I think the latest time point for removal of a device because of infection has been 15 years, if you are
2 3 4 4 5 6 7 8 9 10 11 12 13 14 15	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before?  A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh?  A. Now, what was what my interpretation of this document is, that it first of all, he clearly explains what I said is	2 3 4 5 6 7 8 9 10 11 12 13 14	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of Professor Klosterhalfen with 1,000 explants, I think the latest time point for removal of a device because of infection has been 15 years, if you are looking to
2 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh? A. Now, what was what my interpretation of this document is, that it first of all, he clearly explains what I said is potentiate. He said that you need fewer bacteria.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of Professor Klosterhalfen with 1,000 explants, I think the latest time point for removal of a device because of infection has been 15 years, if you are looking to  Q. Doctor, that's not my question at
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh?  A. Now, what was what my interpretation of this document is, that it first of all, he clearly explains what I said is potentiate. He said that you need fewer bacteria. It is well known that in the presence of a firm	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of Professor Klosterhalfen with 1,000 explants, I think the latest time point for removal of a device because of infection has been 15 years, if you are looking to  Q. Doctor, that's not my question at all.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh?  A. Now, what was what my interpretation of this document is, that it first of all, he clearly explains what I said is potentiate. He said that you need fewer bacteria. It is well known that in the presence of a firm implant, it takes fewer bacterias to cause infection	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of Professor Klosterhalfen with 1,000 explants, I think the latest time point for removal of a device because of infection has been 15 years, if you are looking to  Q. Doctor, that's not my question at all.  A. What?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh?  A. Now, what was what my interpretation of this document is, that it first of all, he clearly explains what I said is potentiate. He said that you need fewer bacteria. It is well known that in the presence of a firm implant, it takes fewer bacterias to cause infection at the surgical site, infection. So I think I'm in	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of Professor Klosterhalfen with 1,000 explants, I think the latest time point for removal of a device because of infection has been 15 years, if you are looking to  Q. Doctor, that's not my question at all.  A. What?  Q. So my question is, if there is
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh?  A. Now, what was what my interpretation of this document is, that it first of all, he clearly explains what I said is potentiate. He said that you need fewer bacteria. It is well known that in the presence of a firm implant, it takes fewer bacterias to cause infection at the surgical site, infection. So I think I'm in agreement with his position.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of Professor Klosterhalfen with 1,000 explants, I think the latest time point for removal of a device because of infection has been 15 years, if you are looking to  Q. Doctor, that's not my question at all.  A. What?  Q. So my question is, if there is infection that's on a bacteria
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh?  A. Now, what was what my interpretation of this document is, that it first of all, he clearly explains what I said is potentiate. He said that you need fewer bacteria. It is well known that in the presence of a firm implant, it takes fewer bacterias to cause infection at the surgical site, infection. So I think I'm in agreement with his position.  Then he took three different meshes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of Professor Klosterhalfen with 1,000 explants, I think the latest time point for removal of a device because of infection has been 15 years, if you are looking to  Q. Doctor, that's not my question at all.  A. What?  Q. So my question is, if there is infection that's on a bacteria  A. Yeah.
2 3 4 5 6 7 8 9 100 111 122 133 144 155 166 17 188 199 201 22 23 24	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh?  A. Now, what was what my interpretation of this document is, that it first of all, he clearly explains what I said is potentiate. He said that you need fewer bacteria. It is well known that in the presence of a firm implant, it takes fewer bacterias to cause infection at the surgical site, infection. So I think I'm in agreement with his position.  Then he took three different meshes. Interestingly, these are different materials than in	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of Professor Klosterhalfen with 1,000 explants, I think the latest time point for removal of a device because of infection has been 15 years, if you are looking to  Q. Doctor, that's not my question at all.  A. What?  Q. So my question is, if there is infection that's on a bacteria  A. Yeah.  Q how long does it take the body to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	that the Gynemesh® PS was inoculated with some bacteria?  A. That is right. Q. And, Doctor, have you seen this study before? A. Yes, I have seen this study. Yeah. Q. And after they looked at it, it showed that it was neutral for the presence of bacteria.  Do you see that? A. I see this, but Q. And does that mean that there was no additional bacteria that was originally placed on the mesh?  A. Now, what was what my interpretation of this document is, that it first of all, he clearly explains what I said is potentiate. He said that you need fewer bacteria. It is well known that in the presence of a firm implant, it takes fewer bacterias to cause infection at the surgical site, infection. So I think I'm in agreement with his position.  Then he took three different meshes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Then he looked after four days, and he saw that they are neutral. So it's not less. It is not more, but it is not less. So what you assume, that there is a cleaning of the body after four days, removing all the bacterias in the presence of the foreign body has not happened there.  So these are just some few remarks where the limitations is. And there is a concern. Yeah.  Q. How long would it take to or for a body to clear out some infection?  A. If I look at the database of Professor Klosterhalfen with 1,000 explants, I think the latest time point for removal of a device because of infection has been 15 years, if you are looking to  Q. Doctor, that's not my question at all.  A. What?  Q. So my question is, if there is infection that's on a bacteria  A. Yeah.

Page 459 Page 461 1 MR. ANDERSON: Objection, because said that there was a low infection rate or a low 2 infection. he's answering the question. 3 3 THE WITNESS: That was my answer. And so I'm asking you what do you 4 Lifelong risk. You have to consider a lifelong 4 mean by that, when you say a low infection? 5 risk. Sometimes it never occur. The bacteria are 5 Yeah. I forgot the question mark, to 6 sitting in the biofilm there, smooth, calm, and then say that this is a phrase just to give you some by a sudden breaking down of the immunological indication that it's not 100 percent. defense capability or some germs in the blood, it's MR. ANDERSON: You say question mark. 9 reactivated and then you have the manifest infection Did you mean quotation mark? 10 10 after three years, five years. And in the time THE WITNESS: Quotation mark, yeah. 11 period between, you don't see anything. 11 So I forgot the quotation mark. And to indicate 12 BY MR. BROWN: 12 that it doesn't make any sense to ask me for a 13 Isn't that normally, Doctor, when definite number to this. But sorry. 14 you've got a mesh that's encapsulated for the germs 14 BY MR. BROWN: 15 15 to come through the blood? O. Doctor, do you have any studies that 16 you can point to that the Prolift® potentiates A. I didn't get the point. 17 17 Ō. When you've got a mesh -- didn't you infection? 18 18 A. I know that there is a considerable say that years later there can be bacteria that 19 comes through your blood? 19 risk for infection that this happens. I cannot even 20 20 A. Yes, yes. imagine, or I don't understand how to potentiate it, 21 21 what does it mean. I think it is a fact that, in Q. Doesn't that normally occur when the 22 22 mesh is encapsulated? the presence, if you implant a medical device, an 23 23 alloplastic material, in the form from the Prolift® No, no, no, no. This encapsulation, 24 this fibrotic encapsulation, is not sufficient to in this contaminated field, in this contaminated prevent any invasion of bacteria. Bacteria, they're area, that you have to take into account that in Page 460 Page 462 very small. You have even in the scar a lot of some patients, there will be an infection vessels, so you need blood flow. Otherwise, this complication there. That is a fact. Whether this 3 fibrotic capsule will get necrotic there. So no way Prolift® potentiated or linearly increased the risk, to prevent this. or in what other conditions it may affect the risk 5 And if you look to one other field in and what is the relevance in regards to the other 6 medicine, or if you have cardiac valves, you are issues, I'm not able to separate this. 7 asked to get an antibiotic prophylaxis lifelong to Doctor, are you saying that you do 8 prevent this secondary attachment of bacteria. So not understand what the terminology means 9 9 our experience is that, despite it may be a low "potentiate infection," or do you understand that? 10 risk, whatever low is, but it's a lifelong risk. 10 MR. ANDERSON: Objection. 11 11 And this cannot be contraindicated or it is not THE WITNESS: It has to be put in the 12 sufficient to have this standard mouse model in this 12 context. 13 13 setting to exclude this risk. BY MR. BROWN: 14 Q. Would you agree it's a low risk for 14 So just by me asking you what is 15 15 infection with the Prolift®? potentiation of infection, you would say, I can't 16 16 MR. ANDERSON: Objection. answer that? 17 17 Go ahead. MR. ANDERSON: Objection. 18 18 THE WITNESS: I think we cannot agree Go ahead. 19 19 what is low and what is not low, because this is a THE WITNESS: No. If you mean it 20 difficult question. Even if you have a low risk to 20 increase the risk for infection, that I can agree to 21 21 die at a very cosmetic operation, this is not this. 22 22 acceptable, so, yeah. Low in relation to what? So BY MR. BROWN: 23 23 I will not answer it that it is low. Let me put it --24 BY MR. BROWN: 24 MR. ANDERSON: You can or can't? 25 25 Doctor, you used the word "low" and THE WITNESS: I can agree to this.

Page 463 Page 465 1 BY MR. BROWN: 1 Q. Doctor, is this picture, Figure 4, 2 2 Let me put it in context. does this show any fatty tissue ingrowth? 3 3 That is my concern, no. Definitely I Can you point to any studies that A. 4 show that the Prolift® mesh potentiates infection? don't see that the pores are filled with the local 5 MR. ANDERSON: Objection for the same fatty tissue there. But I see this bridging. And 6 reasons stated. if you compare the distance of the filaments, you 7 Go ahead. see that the distance is not very much. So from 8 THE WITNESS: No, I do not have the this slide, you get the impression that the pores 9 9 data showing -- confirming in an experimental are not very large, not sufficiently large enough to 10 setting that Prolift® is -- what were the term? 10 allow the ingrowth of fatty tissue. 11 BY MR. BROWN: 11 Q. Make sure I'm hearing you right. 12 12 0. Potentiates infection. So on Figure 4, this bridging 13 A. Potentiates infections as a specific 13 fibrosis would prevent fatty tissue ingrowth. 14 topic for investigation. 14 Is that what you're saying? 15 15 Doctor, let me ask you this. This is Usually -- yes. When there is 16 16 sometimes a scar, there is no possibility to remove on page S29 of this study. 17 17 If you look up at the top right, that this scar by the body, unfortunately. 18 18 Figure 4, are you able to look at that picture and 19 tell if that is a low inflammatory response or a 19 (Deposition Exhibit No. Klinge-19, 20 20 high inflammatory response? PowerPoint entitled "Tissue Reaction and 21 21 No. What I see if I look to the Integration of Polypropylene-Based 22 Surgical Mesh in Rats," Bates stamped 22 Figure 4, and comparing it to the Figure 2, then my 23 impression is that the inflammatory activity of ETH.MESH.02319001, was marked for Figure 4, the Gynemesh® PS, is less than in 24 identification.) 25 25 Figure 2. Page 464 Page 466 And, second, I see this -- these 1 BY MR. BROWN: collagen bridging between all fibers in Figure 4. Doctor, if you would go to the last 3 So this is a proof that the Gynemesh® PS has a lower page of -- I'm handing you Exhibit 19. And on inflammatory activity in comparison to the Marlex® Exhibit 19 is a PowerPoint slide dealing with mesh 5 in rats. mesh, but it is a proof as well that you see this 6 fibrotic linkage, this bridging, in the Gynemesh® PS 6 Doctor, if you look at the very last 7 at 91 days. page -- you have it in front of you. 8 8 Q. Doctor, does that show to you Doctor --9 A. In this location. 9 encapsulation? 10 So, Doctor, in your opinion, from 10 What I see is that it is excised O. 11 Figure 4, is this what you consider bridging 11 tissue, and I see this -- a mesh there placed on it. 12 fibrosis? 12 And this mesh is -- seems to be covered by a thin 13 A. This is -- this reflects bridging layer of cell. And I would expect that this is a 14 fibrosis on the microscopical level. mesh that has been removed from the abdominal wall 15 And does this also characterize cavity. Or it is -- it has formed a -- some sort of Q. 16 16 encapsulation? cystic environment there. But I do not see a real 17 17 No. This is -- so you have to tissue integration from this side, only from the 18 consider different levels. Encapsulation can be other side. Of course, macroscopically, I do not 19 seen on the microscopical, there is an encapsulation 19 see any encapsulation there, fibrotic encapsulation 20 that can be seen on the microscopical level that you 20 in this field. Whether it is -- how it looks in the 21 see during the OR only fibrotic tissue, but as well 21 microscopical level, you have to look to this as it 22 you can define it as, on the microscopical level, is quite similar to the other staining. I note --23 where you have all these same bundles of collagen at 23 this indicates that the microscopical image we just 24 the surface around all of these meshes, but it's not recently saw, it shows this bridging on the necessarily seen macroscopically. microscopical level, and, therefore, I have no doubt

1 that there was this bridging there. 2 But if I look to this image, I 3 cannot or I cannot understand that this mesh 4 material was removed from a subcutaneous space 5 there. When I extract the meshes from the 6 subcutaneous space, I've never seen this smooth, 7 shiny layer covering the mesh. That is not typical. 8 And, therefore, I would like to see the samples 9 there. Because if there are other studies making 10 this IPOM mesh, placing it on the abdominal cavity 11 from inside, and there you see as well this very 12 thin layer of mesothelial cells and then you have 13 this shiny appearance. But if you make just an 16 surrounding fat tissue, it hardly look like this. 16 surrounding fat tissue, it hardly look like this. 17 So I need an explanation what happens 18 it may be possible to explain this. But if there 20 were certain conditions that are not typical, I 18 it figure. I'm not able to do so. 24 Q. Okay. Let me ask you Page 468 1 is quite usual to see it like this, but not in the 2 subcutaneous space. Sorry. 3 do not pressure. It is an appropriate way? 2 A. To measure the intraabdominal pressure, in your opinion, include the pelvic floor? A. It gives some estimate for the 2 pressures that may stress the pelvic floor? A. Hmm? 10 Doctor, isn't the bladder in the pelvic floor? A. Hmm? 11 Q. Isn't the bladder in the pelvic floor? 11 Q. Isn't the bladder in the pelvic floor? 12 floor? 13 A. No. It is on top of the pelvic floor? 13 A. No. It is on top of the pelvic floor would come to the bladder. 14 floor. 15 Q. Okay. And the pressure soming from 15 Q. Okay. And the pressure soming from 16 this field, where it really comes from, and then 16 surrounding fat tissue, it hardly look like this. 16 the pelvic floor would come to the bladder. 17 Do you agree with that? 18 In this field, where it really comes from, and then 18 In this field, where it really comes from, and then 19 It may be possible to explain this. But if there 19 IT WINTESS: The pelvic floor is a compound of muscle and ligaments and fascia an		Confidential - Subject to Scipula		
2 But if I look to this image, I 3 cannot — or I cannot understand that this mesh 4 material was removed from a subcutaneous space 5 there. When I extract the meshes from the 6 subcutaneous space, I we never seen this smooth, 7 shiny layer covering the mesh. That is not typical. 8 And, therefore, I would like to see the samples 6 there. Because if there are other studies making 10 this IPOM mesh, placing it on the abdominal cavity 11 from inside, and there you see as well this very 12 thin layer of mesothelial cells and then you have 13 this shiny appearance. But if you make just an 14 extraction from the subcutaneous space where the 15 mesh is attached to the fascia and to the 16 surrounding fat tissue, it hardly look like this. 17 So I need an explanation what happens 18 in this field, where it really comes from, and then 19 it may be possible to explain this. But if there 10 were certain conditions that are not typical, I 10 this figure. I'm not able to do so. 10 Q. Okay. Let me ask you— 21 A. Because for the abdominal careful, it 22 gloor? 23 MR. ANDERSON: Objection 24 (C) Would the intraabdominal pressure, in 25 your opinion, include the pelvic floor? 26 Loot, it you'd blike to see the samples 27 the firm inside, and there you see as well. 28 A. I more some the pelvic floor? 29 (D. Doctor, is in the bladder in the pelvic floor? 20 Loot need a cylain this provided in the pelvic floor? 30 Loot need a cylain this provided in the pelvic floor? 31 Doctor and the second the pressure of the pelvic floor? 32 Doctor of to make a good interpretation of what happens in this figure. I'm not able to do so. 33 Doctor and the search of the pressure of soriginated. 4 (C) Cobstitute of the Argument for 4 (C) Cobstitute of the Argument for 5 (C) Cobstitute of the Argument for 6 (C) Cobstitute of the Argument for 8 (C) Cobstitute of the Argument for 9 Page 478 1 (C) Cobstitute of the Argument for 2 (C) Cobstitute of		_		Page 469
a cannot — or I cannot understand that this mesh a material was removed from a subcutaneous space there. When I extract the meshes from the bubutaneous space, I've never seen this smooth, shiny layer covering the mesh. That is not typical, And, therefore, I would like to see the samples there. Because if there are other studies making this IPOM mesh, placing it on the abdominal cavity from inside, and there you see as well this very thin layer of mesothelial cells and then you have this like his may aperaance. But if you make just an the extraction from the subcutaneous space where the mesh is attached to the fascia and to the surrounding fat tissue, it hardly look like this. So I need an explanation what happens in this field, where it really comes from, and then if it may be possible to explain this. But if there were certain conditions that are not typical, I think it is very difficult to find an interpretation or to make a good interpretation of what happens in this figure. I'm not able to do so. Q. Q. Okay. Let me ask you— A. Because for the abdominal careful, it  Page 468 is quite usual to see it like this, but not in the subcutaneous space. Sorry.  The which is a study by Dr. Cobb in 2005. Q. Doctor, if you'll turn to page 65. Q. Doctor, for you'll turn to page 65. Q. Okay. Dr. Cobb and his team sought of a study by Dr. Cobb and his team sought of a sessess the pressures of the intraabdomen by to see the samples there. When the same subcutaneous space where it says, "To a maswer this question" on the far right column? A. Hmm? Q. Isn't the bladder in the pelvic floor? A. No. It is on top of the pelvic floor.  Go. Okay. And the pressures coming from the pelvic floor would come to the bladder.  The WTINESS: The pelvic floor or to make a good interpretation of what happens in this field. Where it really comes from, and then to think it is very difficult to find an interpretation or to make a good interpretation of what happens to the pelvic floor or floor bladder.  Page 468  BY MR. BROWN: Q. Doctor, from sho				
a material was removed from a subcutaneous space   fore. When I extract the meshs from the subcutaneous space, Ive never seen this smooth,   shiny layer covering the mesh. That is not typical.   A hd, therefore, I would like to see the samples   here. Because if there are other studies making   this IPOM mesh, placing it on the abdominal cavity   from inside, and there you see as well this very   thin layer of mesothelial cells and then you have   this hiry appearance. But if you make just an   this shiny appearance. But if you make just an   this shiny appearance. But if you make just an   this shiny appearance. But if you make just an   this shiny appearance by the emesh is attached to the fascia and to the   mesh is a trached to the fascia and attached to the fascia an		•		A. To measure the intraabdominal
there. When I extract the meshes from the  subcutaneous space, I've never seen this smooth, shiny layer covering the mesh. That is not typical. And, therefore, I would like to see the samples this IPOM mesh, placing it on the abdominal cavity from inside, and there you see as well this very thin layer of mesothelial cells and then you have the mesh is attached to the fascia and to the surrounding fat tissue, it hardly look like this.  So I need an explanation what happens in in this field, where it really comes from, and then if it is a proposition in the subcutaneous space where the this is were certain conditions that are not typical, I think it is very difficult to find an interpretation of to make a good interpretation of what happens in this figure. I'm not able to do so.  A Because for the abdominal careful, it  page 468 this is quite usual to see it like this, but not in the subcutaneous space. Sorry.  A You have asked me whether the pressure originates from the pelvic floor?  A You have asked me whether the pressure originates from the pelvic floor is ransferred to the pressure originates from the pelvic floor?  A You have asked me whether the pressure originates from the pelvic floor?  A No. It is on top of the pelvic floor.  A No. It is on top of the pelvic floor.  MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  THE WITNESS: It is an appropriate the pressure and vessels. I don't understand why where the pressure as newton per square centimeters within the pressure originates from the pelvic floor?  A No. It is on top of the pelvic floor.  A No. It is on top of the pelvic floor.  MR. ANDERSON: Objection.  THE WITNESS: The pelvic floor is a compound of muscle and ligaments and fascia and nerves and vessels. I don't understand why where the pressure originates from the pelvic floor?  A No It is on top of the pelvic floor.  A No It is on top of the pelvic floor.  MR. ANDERSON: Objection.  A No It is an importance.  A No It is a not on the pelvic floor is a compound of muscle and ligaments and fa	3		3	1
6 subcutaneous space, I've never seen this smooth, 7 shiny layer covering the mesh. That is not typical. 8 And, therefore, I would like to see the samples 9 there. Because if there are other studies making 10 this IPOM mesh, placing it on the abdominal cavity 11 from inside, and there you see as well this very 12 thin layer of mesothelial cells and then you have 13 this shiny appearance. But if you make just an 14 extraction from the subcutaneous space where the 15 mesh is attached to the fascia and to the 16 surrounding fat tissue, it hardly look like this. 17 So I need an explanation what happens 18 in this field, where it really comes from, and then 19 it may be possible to explain this. But if there 20 were certain conditions that are not typical. I 21 think it is very difficult to find an interpretation 22 or to make a good interpretation of what happens in this figure. I'm not able to do so. 23 Q. Okay. Let me ask you — 24 (Q. Doctor, I'm not able to do so. 24 (Q. Doctor, I'm not able to do so. 25 A. Because for the abdominal careful, it 26 Page 478 1 is quite usual to see it like this, but not in the 2 subcutaneous space, Sorry. 3 BY MR. BROWN: 4 (Deposition Exhibit No. Klinge-20, 5 Article entitled "The Argument for 6 Lightweight Polypropylene Mesh in Hermia 7 Repair", was marked for identification.) 8 Page 479 1 Doctor, do you see where it says, "To 1 BY MR. BROWN: 10 Q. Doctor, I'm showing you Exhibit 20, 11 which is a study by Dr. Cobb and his team sought 1 to assess the pressures of the intraabdomen by 17 putting a bladder catheter. 18 Do you believe that's an appropriate 19 Way to neasure the intraabdominal pressure. 20 Way of testing the pelvie chaf's an appropriate 21 Way of testing the pelvie pressures? 22 MR. ANDERSON: Objection. 23 Go ahead. 24 Way to measure the intraabdominal pressure. 25 Let Way to measure the intraabdominal pressure. 26 Lightweight Polypropylene Mesh in Hermia 27 Go ahead. 28 Way to measure the intraabdominal pressure. 39 THE WITNESS: It is an appropriate 39 Way to easure	4	-	4	•
7 shiny layer covering the mesh. That is not typical. 8 And, therefore, I would like to see the samples there. Because if there are other studies making this IPOM mesh, placing it on the abdominal cavity this IPOM mesh, placing it on the abdominal cavity this IPOM mesh, placing it on the abdominal cavity this IPOM mesh, placing it on the abdominal cavity this shiny appearance. But if you make just an this shiny appearance. But if you make just an this shiny appearance. But if you make just an this shiny appearance. But if you make just an this field, where it really comes from, and then it may be possible to explain this. But if there were certain conditions that are not typical, I think it is very difficult to find an interpretation or to make a good interpretation of what happens in this figure. I'm not able to do so.  1 is quite usual to see it like this, but not in the subcutancous space. Sorry.  2 (Q. Okay. Let me ask you — Page 468 to Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  3 (D. Doctor, if you'll turn to page 65. Doctor, of you'll turn to page 65. Doctor, of you'll turn to page 65. Doctor, of you'll turn to page 65. A Yes. Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  4 (Q. Doctor, I'm showing you Exhibit 20, War. A More IV and the pressure originated.  5 (Q. Doctor, if you'll turn to page 65. MR. ANDERSON: Objection.  6 (Q. Doctor, if you wanted to measure the pressure of the forces, where would you measure them? AR. ANDERSON: Oby ou have to think of soveral models, all with the limitations and all way of testing the pelvic pressures?  2 (Q. Doctor, if you wanted to fine an interpretation.)  3 (D. Doctor, if you wanted to measure them? The polytic floor forces, where would you measure them? The polytic floor forces, where would you measure them? The polytic floor forces, where would you measure them? The polytic floor forces, where would you measure them? The polytic floor forces, where would y	5	there. When I extract the meshes from the	5	your opinion, include the pelvic floor?
8 And, therefore, I would like to see the samples 9 there. Because if there are other studies making 11 this IPOM mesh, placing it on the abdominal cavity 12 thin layer of mesothelial cells and then you have 13 this shiny appearance. But if you make just an 14 extraction from the subcutaneous space where the 15 mesh is attached to the fascia and to the 16 surrounding fat tissue, it hardly look like this. 17 So I need an explanation what happens 18 in this field, where it really comes from, and then 19 it may be possible to explain this. But if there 20 were certain conditions that are not typical, I 21 think it is very difficult to find an interpretation 22 or to make a good interpretation of what happens in 23 this figure. I'm not able to do so. 24 Q. Okay. Let me ask you— 25 A. Because for the abdominal careful, it 26 general to entitled "The Argument for 27 Lightweight Polypropylene Mesh in Hernia 28 Repair", was marked for identification.) 29 BY MR. BROWN: 20 Q. Doctor, if you'll turn to page 65. 21 Doctor, do you see where it says, "To 22 answer this question" on the far right column? 23 to assess the pressures of the intraabdomen by 24 to assess the pressures of the intraabdomen by 25 A. Yos. 26 Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by 27 MR. ANDERSON: Objection. 28 Page 478 29 Dyou believe that's an appropriate 29 way of testing the pelvic froors is an appropriate 29 way of testing the pelvic thors an appropriate 20 way of testing the pelvic thread an appropriate 21 word measure the intrabdominal pressure. 22 MR. ANDERSON: Objection. 23 THE WITNESS: It is an appropriate 24 way to measure the intrabdominal pressure. 25 A. So I have different values if you are measuring in the stomach, in the free abdominal cavity of in the bladder. So you always have variances in your measurements there. 24 MR. ANDERSON: Objection. 25 MR. ANDERSON: Objection. 26 Oa head. 27 MR. ANDERSON: Objection. 28 MR. ANDERSON: Objection. 39 MR. ANDERSON: Objection. 30 Oa head. 31 THE WITNES	6	subcutaneous space, I've never seen this smooth,	6	A. It gives some estimate for the
9 there. Because if there are other studies making 10 this IPOM mesh, placing it on the abdominal cavity 11 from inside, and there you see as well this very 12 thin layer of mesothelial cells and then you have 13 this shiny appearance. But if you make just an 14 extraction from the subcutaneous space where the 15 mesh is attached to the fascia and to the 16 surrounding fat tissue, it hardly look like this. 17 So I need an explanation what happens 18 in this field, where it really comes from, and then 19 it may be possible to explain this. But if there 10 were certain conditions that are not typical, I 11 think it is very difficult to find an interpretation 12 or to make a good interpretation of what happens in 13 this figure. I'm not able to do so. 14 Q. Okay. Let me ask you— 15 A. Because for the abdominal careful, it 16 squite usual to see it like this, but not in the 18 subcutaneous space. Sorry. 18 is quite usual to see it like this, but not in the 19 subcutaneous space. Sorry. 19 Lightweight Polypropylene Mesh in Hernia 19 Repair', was marked for identification.) 10 Q. Doctor, I'm showing you Exhibit 20, 11 which is a study by Dr. Cobb in 2005. 12 Doctor, do you see where it says, "To 13 as study by Dr. Cobb and his team sought to assess the pressures of the intraabdomen by 14 putting a bladder catheter. 15 Do you believe that's an appropriate to way to measure the intraabdominal pressure. 16 MR. ANDERSON: Objection. 17 The WITNESS: It is an appropriate to way to measure the intraabdominal pressure. 18 MR. ANDERSON: Objection startandominal pressure. 29 MR. ANDERSON: Objection startandominal pressure. 20 Doctor, if you'll turn to page 65. 21 Doctor, do you see where it says, "To 22 A. Yes. 23 MR. ANDERSON: Objection. 24 Compound of muscle and ligaments and fascia and nerves and vessels. I don't understand why where the pressure is originated. 21 think it is very difficult to find an interpretation of what happens in the pressure is originated. 22 to to make a good interpretation of what happens in the p	7	shiny layer covering the mesh. That is not typical.	7	pressures that may stress the pelvic tissue as well.
this IPOM mesh, placing it on the abdominal cavity thin layer of mesothetial cells and then you have thin layer of mesothetial cells and then you have this shiny appearance. But if you make just an extraction from the subcutaneous space where the surrounding fat tissue, it hardly look like this.  So I need an explanation what happens it is may be possible to explain this. But if there or or to make a good interpretation of what happens in this field, where it really comes from, and then think it is very difficult to find an interpretation or or to make a good interpretation of what happens in this figure. I'm not able to do so.  Q. Okay. Let me ask you —  2 by A. Because for the abdominal careful, it is quite usual to see it like this, but not in the subcutaneous space. Sorry.  A ricle entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  BY MR. BROWN:  BY MR. BROWN:  Cheposition Exhibit No. Klinge-20, which is a study by Dr. Cobb in 2005.  BY MR. BROWN:  Cheposition Exhibit No. Klinge-20, which is a study by Dr. Cobb in 2005.  BY MR. BROWN:  Cheposition Exhibit No. Klinge-20, which is a study by Dr. Cobb in 2005.  A Yes.  Doctor, if you'll turn to page 65.  Doctor, of you believe that's an appropriate way of testing the pelvic pressures?  A Yes.  Do you believe that's an appropriate way of testing the pelvic pressures and way of testing the pelvic pressures.  A R. No. It is on top of the pelvic floor is the theolect.  Do Valay. And the pressures coming from the pelvic floor is a compound of muscle and ligaments and fascia and nerves and vessels. I don't understand why - where the pressure originates from the pelvic floor?  Page 468  A Because for the abdominal careful, it  A You have asked me whether the pressure originates from the pelvic floor?  A You have asked me whether the pressure originates from the pelvic floor?  A You have asked me whether the pressure originates from the pelvic floor. It is one space to go down to almost the pelvic floor is tan	8	And, therefore, I would like to see the samples	8	Q. Doctor, isn't the bladder in the
12 from inside, and there you see as well this very 12 this him layer of mesothelial cells and then you have 13 this shimy appearance. But if you make just an 14 extraction from the subcutaneous space where the 15 mesh is attached to the fascia and to the 16 surrounding fat tissue, it hardly look like this. 17 So I need an explanation what happens 18 in this field, where it really comes from, and then 19 it may be possible to explain this. But if there 10 were certain conditions that are not typical, I 11 this it is very difficult to find an interpretation 12 or to make a good interpretation of what happens in 12 this figure. I'm not able to do so. 13 If is figure. I'm not able to do so. 14 Q. Okay. Let me ask you - 15 A. Because for the abdominal careful, it 16 squite usual to see it like this, but not in the 17 subcutaneous space. Sorry. 18 is quite usual to see it like this, but not in the 19 subcutaneous space. Sorry. 20 Ceposition Exhibit No. Klinge-20, 21 Article entitled "The Argument for 22 Lightweight Polypropylene Mesh in Hermia 23 Explain Polypropylene Mesh in Hermia 24 (Q. Doctor, I'm showing you Exhibit 20, 25 Doctor, if you'll turn to page 65. 26 Doctor, of you see where it says, "To 27 answer this question" on the far right column? 28 A. Yes. 29 Doctor, if you'll turn to page 65. 29 Doctor, if you'll turn to page 65. 20 Doctor, of you believe that's an appropriate 20 way of testing the pelvic pressures? 21 MR. ANDERSON: Objection. 22 MR. ANDERSON: Objection. 23 MR. ANDERSON: Objection. 24 Q. O'Auy. Let me ask you - 25 the pressure is originated. 26 position Exhibit No. Klinge-20, 27 You're saying you don't know where 28 the pressure is originated. 29 pressure as newton per square centimees within the 20 subdutaneous space. Sorry. 30	9	there. Because if there are other studies making	9	pelvic floor?
thin layer of mesothelial cells and then you have this shiny appearance. But if you make just an small extraction from the subcutaneous space where the smesh is attached to the fascia and to the mesh is attached to the fascia and to the smesh is attached to the fascia and to the smesh is attached to the fascia and to the smesh is attached to the fascia and to the smesh is attached to the fascia and to the smesh is attached to the fascia and to the smesh is attached to the fascia and to the smesh is attached to the fascia and to the smesh is attached to the fascia and to the smesh is attached to the fascia and to the smesh is attached to the fascia and to the sin fiseld, where it really comes from, and then think it is field, where it really comes from, and there the pressure is originated.  THE WITNESS: The pelvic floor is a compound of muscle and ligaments and fascia and emeroves and vessels. I don't understand why where the pressure is originated.  BY MR. BROWN:  Q. You're saying you don't know where the pressure from the pelvic floor?  Page 474  is quite usual to see it like this, but not in the subcutaneous space. Sorry.  Cheposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Article entitled "The Argument for Do you see where it says, "To space to go down to almost the pelvic floor. It subcutaneous space. Sorry.  Which is a study by Dr. Cobb in 2005.  Doctor, if you see where it is any propriate way of testing the pelvic pressures?  MR. ANDERSON: Objection.  MR. ANDERSON: Object ton a Article entitled "The Argument for Cheposition Exhibit No. Klinge-20, Article entitled "The Argument for Shadder. So this is a setting where you measure the pressure as newton per square centimeters within the sabdominal cavity. Of course you have a - it is one space to go down to almost the pelvic floor. It shadder. So this alsone, as setting the pelvic pressures  MR. ANDERSON: Objection.  MR	10	this IPOM mesh, placing it on the abdominal cavity	10	A. Hmm?
this shiny appearance. But if you make just an text action from the subcutaneous space where the surrounding fat tissue, it hardly look like this.  So I need an explanation what happens in it may be possible to explain this. But if there or or to make a good interpretation of what happens in this field, where it really comes from, and then it is very difficult to find an interpretation or or make a good interpretation of what happens in this figure. I'm not able to do so.  A Because for the abdominal careful, it  Page 468 is quite usual to see it like this, but not in the subcutaneous space. Sorry.  Cheyosition Exhibit No. Klinge-20, Acticle entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  BY MR. BROWN:  Page 470  A Subcutaneous space. Sorry.  Sharping in the subcutaneous space where it says, "To boctor, if you'll turn to page 65.  Doctor, I'm showing you Exhibit 20, answer this question" on the far right column?  A Yes.  Do you believe that's an appropriate way of testing the pelvic pressures?  AR. ANDERSON: Objection.  AR. No. It is on top of the pelvic floor would come to the bladder.  Do you agree with that?  AR. ANDERSON: Objection.  AR. ANDERSON: Objection.  Q. Okay. Let me ask you -  Page 478  A. You have asked me whether the pressure sare witton per square centimeters within the bladder. So you have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you'll turn to page 65.  Doctor, do you see where it says, "To specific as study by Dr. Cobb in dobs.  A. Yes.  A. Yes.  A. Yes.  Do you believe that's an appropriate way of testing the pelvic pressures?  AR. ANDERSON: Objection.  AR. ANDERSON: Objection.  A. No. It is pelvic floor would come to the bladder.  AR. ANDERSON: Objection.  AR. ANDERSON: Objection.  A. No. It is pelvic floor would come to the bladder.  AR. ANDERSON: Objection in t	11	from inside, and there you see as well this very	11	Q. Isn't the bladder in the pelvic
14 extraction from the subcutaneous space where the 15 mesh is attached to the fascia and to the 15 curvounding fat tissue, it hardly look like this. 17 So I need an explanation what happens 18 in this field, where it really comes from, and then 18 in this field, where it really comes from, and then 19 it may be possible to explain this. But if there 19 were certain conditions that are not typical, I 19 were defined and interpretation of what happens in 19 were all igaments and fascia and nerves and vessels. I don't understand why where the pressure so riginated.  20 Way of the abdominal careful, it 20 Pressure is originated.  21 By MR. BROWN: 20 Pressure serve is pressure serve from the pelvic floor is ransferred to the bladder. So this is a setting where you measure the pressure serve from the pelvic floor	12	thin layer of mesothelial cells and then you have	12	floor?
14 extraction from the subcutaneous space where the 15 mesh is attached to the fascia and to the 15 curvounding fat tissue, it hardly look like this. 17 So I need an explanation what happens 18 in this field, where it really comes from, and then 18 in this field, where it really comes from, and then 19 it may be possible to explain this. But if there 19 were certain conditions that are not typical, I 19 were defined and interpretation of what happens in 19 were all igaments and fascia and nerves and vessels. I don't understand why where the pressure so riginated.  20 Way of the abdominal careful, it 20 Pressure is originated.  21 By MR. BROWN: 20 Pressure serve is pressure serve from the pelvic floor is ransferred to the bladder. So this is a setting where you measure the pressure serve from the pelvic floor	13	this shiny appearance. But if you make just an	13	A. No. It is on top of the pelvic
15 mesh is attached to the fascia and to the 15 surrounding fat tissue, it hardly look like this. 16 surrounding fat tissue, it hardly look like this. 17 So I need an explanation what happens in it may be possible to explain this. But if there 18 in this field, where it really comes from, and then it may be possible to explain this. But if there 19 it may be possible to explain this. But if there it may be possible to explain this. But if there or to make a good interpretation of what happens in this figure. I'm not able to do so. 20 Okay. Let me ask you — 21 A. Because for the abdominal careful, it is quite usual to see it like this, but not in the subcutaneous space. Sorry. 21 Superior of the fascia and fascia and enerves and vessels. I don't understand why — where the pressure originated. 22 the pressure originated. 23 by MR. BROWN: 24 Q. You're saying you don't know where the pressure originates from the pelvic floor? 25 the pressure originates from the pelvic floor. 26 the pressure is originated. 27 by One of the abdominal careful, it is quite usual to see it like this, but not in the subcutaneous space. Sorry. 31	14	• • • • • • • • • • • • • • • • • • • •	14	
surrounding fat tissue, it hardly look like this.  So I need an explanation what happens in this field, where it really comes from, and then it may be possible to explain this. But if there it may be possible to explain this field. The point is that measuring the pressure usually includes that you need some	15	*	15	
So I need an explanation what happens in this field, where it really comes from, and then it in this field, where it really comes from, and then it in this field, where it really comes from, and then it in this field, where it really comes from, and then it in this field, where it really comes from, and then it in this field, where it really comes from, and then it in this field, where it really comes from, and then it in this field. The pelvic floor is a compound of muscle and ligaments and fascia and nerves and vessels. I don't understand why — where the pressure is originated.  BY MR. BROWN:  Page 468  1 is quite usual to see it like this, but not in the subcutaneous space. Sorry.  Page 468  1 is quite usual to see it like this, but not in the guite pressure originates from the pelvic floor?  Page 468  1 is quite usual to see it like this, but not in the guite pressure originates from the pelvic floor is transferred to the gu	16		16	•
in this field, where it really comes from, and then it may be possible to explain this. But if there were certain conditions that are not typical, I think it is very difficult to find an interpretation of what happens in this figure. I'm not able to do so.  Q. Okay. Let me ask you— A. Because for the abdominal careful, it  is quite usual to see it like this, but not in the subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  Repair", was marked for identification.)  Repair", was marked for identification.)  My MR. BROWN:  Compound of muscle and ligaments and fascia and nerves and vessels. I don't understand why where the pressure is originated.  BY MR. BROWN:  A. You have asked me whether the pressure originates from the pelvic floor?  Page 476  A. You have asked me whether the pressure as newton per square centimeters within the subcutaneous space. Sorry.  A. You have asked me whether the pressure as newton per square centimeters within the shadominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Doctor, if you'll turn to page 65.  Doctor, if you'll turn to page 65.  Doctor, for you'll turn to page 65.  A. Yes.  Q. Okay. Dr. Cobb in 2005.  MR. ANDERSON: Did you say forces?  MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  MR. ANDERSON: Did you have to think of several models, all with the limitations and all with pressure usually includes that you need some		-		-
it may be possible to explain this. But if there were certain conditions that are not typical, I think it is very difficult to find an interpretation of what happens in the stomack et the pressure is originated.  BY MR. BROWN:  Page 478  A. You have asked me whether the pressure from the pelvic floor is transferred to the pressure as newton per square centimeters within the pressure as newton per square centimeters within the shadominal cavity. Of course you have a - it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you'll turn to page 65.  Doctor, do you see where it says, "To A. Yes.  Q. Dokay. Dr. Cobb and his team sought to assers the pressures of the intraabdomen by				
20 were certain conditions that are not typical, I 21 think it is very difficult to find an interpretation 22 or to make a good interpretation of what happens in 3 this figure. I'm not able to do so. 24 Q. Okay. Let me ask you 25 A. Because for the abdominal careful, it  Page 468  1 is quite usual to see it like this, but not in the 2 subcutaneous space. Sorry.  A (Deposition Exhibit No, Klinge-20, Article entitled "The Argument for 6 Lightweight Polypropylene Mesh in Hernia 7 Repair", was marked for identification.) 8 BY MR. BROWN: 9 BY MR. BROWN: 10 Q. Doctor, I'm showing you Exhibit 20, 11 which is a study by Dr. Cobb in 2005. 12 Doctor, if you'll turn to page 65. 13 Doctor, do you see where it says, "To 14 answer this question" on the far right column? 14 to assess the pressures of the intraabdomen by 17 to assess the pressures? 18 Q. Okay. Dr. Cobb and his team sought 19 utting a bladder catheter. 19 Do you believe that's an appropriate 20 way of testing the pelvic pressures? 21 MR. ANDERSON: Objection. 22 Other in the addominal careful, it 23 Other was a reversure originates. In don't know where 24 D. You're saying you don't know where 25 the pressure is originated. 26 Q. You're saying you don't know where 27 A. You have asked me whether the 28 pressure from the pelvic floor is transferred to the 29 bladder. So this is a setting where you measure the 20 abdominal cavity. Of course you have a it is one 21 stops a little bit above. You have other slightly 22 different or you have different values if you are 23 measuring in the stomach, in the free abdominal 24 cavity or in the bladder. So you always have 25 variances in your measurements there. 26 Q. Okay. Dr. Cobb and his team sought 27 to assess the pressures of the intraabdomen by 28 putting a bladder catheter. 29 Do you believe that's an appropriate 20 way of testing the pelvic floor is transferred to the 21 bladder. So this is a setting where you have other slightly 2				•
think it is very difficult to find an interpretation or to make a good interpretation of what happens in this figure. I'm not able to do so.  Q. Okay. Let me ask you  Page 468  is quite usual to see it like this, but not in the subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  BY MR. BROWN:  Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  BY MR. BROWN:  Article antitle of the abdominal careful, it pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Doctor, if you'll turn to page 65.  Doctor, do you see where it says, "To answer this question" on the far right column?  A. Yes.  Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  MR. ANDERSON: Objecticn appropriate way to measure the intraabdominal pressure.				
this figure. I'm not able to do so.  Q. Okay. Let me ask you  A. Because for the abdominal careful, it  Page 468  Page 470  A. Because for the abdominal careful, it  Page 468  I is quite usual to see it like this, but not in the  subcutaneous space. Sorry.  Article entitled "The Argument for  Lightweight Polypropylene Mesh in Hernia  Repair", was marked for identification.)  By MR. BROWN:  Article entitled "The Argument for  Lightweight Polypropylene Mesh in Hernia  Repair", was marked for identification.)  By MR. BROWN:  Doctor, I'm showing you Exhibit 20,  which is a study by Dr. Cobb in 2005.  Doctor, if you'll turn to page 65.  Doctor, oy ou see where it says, "To  answer this question" on the far right column?  A. Yes.  Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: It is an appropriate  way to measure the intraabdominal pressure.  Page 470  A. You have asked me whether the pressure originates from the pelvic floor?  A. You have asked me whether the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  A. Yes.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: It is an appropriate  way to measure the intraabdominal pressure.  22 the pressure is originates from the pelvic floor?  A. Yes to a pressure in the pelvic floor is transferred to the pressure is originate.  23 the pressure originates from the pelvic floor?  A. You have asked me whether the pressure originates from the pelvic fl				
23 this figure. I'm not able to do so. 24 Q. Okay. Let me ask you 25 A. Because for the abdominal careful, it  Page 468  1 is quite usual to see it like this, but not in the 2 subcutaneous space. Sorry.  3				-
24 Q. Okay. Let me ask you 25 A. Because for the abdominal careful, it  Page 468  Page 470  1 is quite usual to see it like this, but not in the 2 subcutaneous space. Sorry.  A. Composition Exhibit No. Klinge-20, 4 (Deposition Exhibit No. Klinge-20, 5 Article entitled "The Argument for 6 Lightweight Polypropylene Mesh in Hernia 7 Repair", was marked for identification.) 8 A composition Exhibit No. Klinge-20, 9 BY MR. BROWN: 10 Q. Doctor, I'm showing you Exhibit 20, 11 which is a study by Dr. Cobb in 2005. 12 Doctor, if you'll turn to page 65. 13 Doctor, do you see where it says, "To 14 answer this question" on the far right column? 15 A. Yes. 16 Q. Okay. Dr. Cobb and his team sought 17 to assess the pressures of the intraabdomen by 18 putting a bladder catheter. 19 Do you believe that's an appropriate 24 way to measure the intraabdominal pressure. 24 Q. You're saying you don't know where 25 the pressure originates from the pelvic floor?  Page 470  A. You have asked me whether the 2 pressure as newton per square centimeters within the sladder. So this is a setting where you measure the pressure as newton per square centimeters within the salodiminal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have other slightly different or you have other slightly different or you have other slightly was a measuring in the stomach, in the free abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor is a several myte. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you'll turn to page 65.  Q. Doctor, if you'll turn to page 65.  A. Yes.  Q. MR. ANDERSON: Did you say forces?  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the				
Page 468  Page 470  Page 4		_		
Page 468  Page 470  1 is quite usual to see it like this, but not in the 2 subcutaneous space. Sorry.  3				
is quite usual to see it like this, but not in the  subcutaneous space. Sorry.  Cheposition Exhibit No. Klinge-20,  Article entitled "The Argument for  Lightweight Polypropylene Mesh in Hernia  Repair", was marked for identification.)  BY MR. BROWN:  Q. Doctor, I'm showing you Exhibit 20,  which is a study by Dr. Cobb in 2005.  Doctor, if you'll turn to page 65.  Doctor, do you see where it says, "To  answer this question" on the far right column?  A. Yes.  Q. Okay. Dr. Cobb and his team sought  to assess the pressures of the intraabdomen by  putting a bladder catheter.  Do you believe that's an appropriate  way of testing the pelvic floor is transferred to the  bladder. So this is a setting where you measure the  pressure as newton per square centimeters within the  abdominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have a — it is one  shadominal cavity. Of course you have different or you have shadominal cavity. Of course you have have a — it is	23	A. Because for the abdominal careful, it	23	the pressure originates from the pervic froot?
2 subcutaneous space. Sorry. 3		Page 468		Page 470
3 bladder. So this is a setting where you measure the 4 (Deposition Exhibit No. Klinge-20, 5 Article entitled "The Argument for 6 Lightweight Polypropylene Mesh in Hernia 7 Repair", was marked for identification.) 8 9 BY MR. BROWN: 9 measuring in the stomach, in the free abdominal 10 Q. Doctor, I'm showing you Exhibit 20, 11 which is a study by Dr. Cobb in 2005. 12 Doctor, if you'll turn to page 65. 13 Doctor, do you see where it says, "To 14 answer this question" on the far right column? 14 answer this question" on the far right column? 15 A. Yes. 16 Q. Okay. Dr. Cobb and his team sought 17 to assess the pressures of the intraabdomen by 18 putting a bladder. So this is a setting where you measure the 19 pressure as newton per square centimeters within the 10 sabdominal cavity. Of course you have a it is one 11 stops a little bit above. You have other slightly 12 different or you have different values if you are 13 measuring in the stomach, in the free abdominal 14 cavity or in the bladder. So you always have 15 variances in your measurements there. 16 Q. Doctor, if you wanted to measure the 17 pelvic floor forces, where would you measure then? 18 MR. ANDERSON: Did you say forces? 19 MR. BROWN: Yes. 10 MR. ANDERSON: Okay. 11 THE WITNESS: Where would I measure 12 the forces? There is no perfect way to come to a 13 precise measurement of the forces, the pressures and 14 so on in the moment. So you have to think of 15 several models, all with the limitations and all 16 with specific covering specific aspects there in 17 THE WITNESS: It is an appropriate 18 this field. The point is that measuring the 18 pressure usually includes that you need some			1	
4 (Deposition Exhibit No. Klinge-20, 5 Article entitled "The Argument for 6 Lightweight Polypropylene Mesh in Hernia 7 Repair", was marked for identification.) 8 9 BY MR. BROWN: 9 Doctor, I'm showing you Exhibit 20, 10 which is a study by Dr. Cobb in 2005. 11 which is a study by Dr. Cobb in 2005. 12 Doctor, if you'll turn to page 65. 13 Doctor, do you see where it says, "To 14 answer this question" on the far right column? 15 A. Yes. 16 Q. Okay. Dr. Cobb and his team sought 17 to assess the pressures of the intraabdomen by 18 putting a bladder catheter. 19 Do you believe that's an appropriate 10 way of testing the pelvic pressures? 11 WR. ANDERSON: Objection. 12 MR. ANDERSON: Objection. 13 Or and the firm of the forces, the pressures and way of measure the intraabdominal pressure. 18 THE WITNESS: It is an appropriate 19 way to measure the intraabdominal pressure. 20 way to measure the intraabdominal pressure. 21 Way to measure the intraabdominal pressure. 22 way to measure the intraabdominal pressure. 23 THE WITNESS: It is an appropriate 24 way to measure the intraabdominal pressure. 24 pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one showing the pelvic floor. It 25 abdominal cavity. Of course you have a it is one showing to space to go down to almost the pelvic floor. It 26 abdominal cavity. Of course you have other slightly 26 different or you have different values if you are 27 measuring in the stomach, in the free abdominal cavity. Of course you have other slightly 28 different or you have different values if you are 29 measuring in the stomach, in the free abdominal cavity or on the plander that pelvic pres lightly 29 different or you have different values if you are 20 way or in the bladder. So you always have 21 variances in your measurements there. 22 MR. ANDERSON: Okay. 23 THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have	1	is quite usual to see it like this, but not in the	1	A. You have asked me whether the
Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  BY MR. BROWN:  Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005.  Doctor, if you'll turn to page 65.  Doctor, do you see where it says, "To answer this question" on the far right column?  A. Yes.  Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.  5 abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in this field. The point is that measuring the pressure usually includes that you need some		_		pressure from the pelvic floor is transferred to the
Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  BY MR. BROWN:  Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005.  Doctor, if you'll turn to page 65.  Doctor, do you see where it says, "To answer this question" on the far right column?  A. Yes.  Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.  Space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have uvariances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor Cavity or in the bladder. So you always have uvariances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor Cavity or in the bladder. So you always have uvariances in your measurements there.  A. Yes.  MR. ANDERSON: Did you say forces?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.	2	_	2	pressure from the pelvic floor is transferred to the
Repair", was marked for identification.)  Repair", was marked for identification.)  BY MR. BROWN:  Q. Doctor, I'm showing you Exhibit 20,  which is a study by Dr. Cobb in 2005.  Doctor, if you'll turn to page 65.  Doctor, do you see where it says, "To  answer this question" on the far right column?  A. Yes.  Q. Okay. Dr. Cobb and his team sought  to assess the pressures of the intraabdomen by  putting a bladder catheter.  Do you believe that's an appropriate  way of testing the pelvic pressures?  MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: It is an appropriate  way to measure the intraabdominal pressure.  7 stops a little bit above. You have other slightly  different or you have different values if you are  measuring in the stomach, in the free abdominal  cavity or in the bladder. So you always have  variances in your measurements there.  Q. Doctor, if you wanted to measure the  pelvic floor forces, where would you measure them?  AR. ANDERSON: Did you say forces?  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure  the forces? There is no perfect way to come to a  precise measurement of the forces, the pressures and  so on in the moment. So you have to think of  several models, all with the limitations and all  with specific covering specific aspects there in  this field. The point is that measuring the  pressure usually includes that you need some	2	subcutaneous space. Sorry.	2 3	pressure from the pelvic floor is transferred to the
8	2 3 4	subcutaneous space. Sorry.   (Deposition Exhibit No. Klinge-20,	2 3 4	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the
9 BY MR. BROWN: 9 measuring in the stomach, in the free abdominal 10 Q. Doctor, I'm showing you Exhibit 20, 11 which is a study by Dr. Cobb in 2005. 12 Doctor, if you'll turn to page 65. 13 Doctor, do you see where it says, "To 14 answer this question" on the far right column? 15 A. Yes. 16 Q. Okay. Dr. Cobb and his team sought 17 to assess the pressures of the intraabdomen by 18 putting a bladder catheter. 19 Do you believe that's an appropriate 19 way of testing the pelvic pressures? 20 Way of testing the pelvic pressures? 21 MR. ANDERSON: Objection. 22 Go ahead. 23 THE WITNESS: It is an appropriate 24 way to measure the intraabdominal pressure. 29 measuring in the stomach, in the free abdominal 20 cavity or in the bladder. So you always have 20 variances in your measurements there. 21 Poctor, if you wanted to measure the pelvic floor forces, where would you measure them? 24 MR. ANDERSON: Did you say forces? 25 MR. BROWN: Yes. 26 MR. ANDERSON: Okay. 27 THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in this field. The point is that measuring the pressure usually includes that you need some	2 3 4 5	subcutaneous space. Sorry.   (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for	2 3 4 5	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one
Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005.  Doctor, if you'll turn to page 65.  Doctor, do you see where it says, "To answer this question" on the far right column?  A. Yes.  Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.  10 cavity or in the bladder. So you always have variances in your measurements there.  12 Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in this field. The point is that measuring the pressure usually includes that you need some	2 3 4 5 6	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia	2 3 4 5	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It
Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005.  Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column?  A. Yes.  Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Objection.  THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.	2 3 4 5 6 7	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia	2 3 4 5 6 7	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly
Doctor, if you'll turn to page 65.  Doctor, do you see where it says, "To  answer this question" on the far right column?  A. Yes.  Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by  putting a bladder catheter.  Do you believe that's an appropriate  way of testing the pelvic pressures?  MR. ANDERSON: Did you say forces?  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure  the forces? There is no perfect way to come to a  precise measurement of the forces, the pressures and  oo on in the moment. So you have to think of  several models, all with the limitations and all  with specific covering specific aspects there in  THE WITNESS: It is an appropriate  way to measure the palvic pressures.	2 3 4 5 6 7 8	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)	2 3 4 5 6 7 8	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are
Doctor, if you'll turn to page 65.  Doctor, do you see where it says, "To  answer this question" on the far right column?  A. Yes.  Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by  putting a bladder catheter.  Do you believe that's an appropriate  way of testing the pelvic pressures?  MR. ANDERSON: Did you say forces?  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure  the forces? There is no perfect way to come to a  precise measurement of the forces, the pressures and  oo on in the moment. So you have to think of  several models, all with the limitations and all  with specific covering specific aspects there in  THE WITNESS: It is an appropriate  way to measure the palvic pressures.	2 3 4 5 6 7 8	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  BY MR. BROWN:	2 3 4 5 6 7 8	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal
Doctor, do you see where it says, "To answer this question" on the far right column?  A. Yes.  Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure them?  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure them?  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.	2 3 4 5 6 7 8 9	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20,	2 3 4 5 6 7 8 9	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have
answer this question" on the far right column?  A. Yes.  Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.	2 3 4 5 6 7 8 9 10	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005.	2 3 4 5 6 7 8 9 10	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.
A. Yes.  Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate way of testing the pelvic pressures?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the intraabdomen by precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in this field. The point is that measuring the pressure usually includes that you need some	2 3 4 5 6 7 8 9 10 11 12	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)  BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65.	2 3 4 5 6 7 8 9 10 11	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the
Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the intraabdomen by precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in this field. The point is that measuring the pressure usually includes that you need some	2 3 4 5 6 7 8 9 10 11 12 13	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To	2 3 4 5 6 7 8 9 10 11 12 13	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?
to assess the pressures of the intraabdomen by putting a bladder catheter.  Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.  THE WITNESS: Where would I measure The way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all this field. The point is that measuring the pressure usually includes that you need some	2 3 4 5 6 7 8 9 10 11 12 13	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column?	2 3 4 5 6 7 8 9 10 11 12 13 14	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?
putting a bladder catheter.  18 the forces? There is no perfect way to come to a  19 Do you believe that's an appropriate  20 way of testing the pelvic pressures?  21 MR. ANDERSON: Objection.  22 Go ahead.  23 THE WITNESS: It is an appropriate  24 way to measure the intraabdominal pressure.  25 the forces? There is no perfect way to come to a  26 precise measurement of the forces, the pressures and  27 so on in the moment. So you have to think of  28 several models, all with the limitations and all  29 with specific covering specific aspects there in  20 this field. The point is that measuring the  21 pressure usually includes that you need some	2 3 4 5 6 7 8 9 10 11 12 13 14	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.
Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.  precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in this field. The point is that measuring the pressure usually includes that you need some	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column? A. Yes. Q. Okay. Dr. Cobb and his team sought	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.
way of testing the pelvic pressures?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: It is an appropriate  way to measure the intraabdominal pressure.  20 so on in the moment. So you have to think of  several models, all with the limitations and all  with specific covering specific aspects there in  this field. The point is that measuring the  pressure usually includes that you need some	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column? A. Yes. Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure
MR. ANDERSON: Objection.  MR. ANDERSON: Objection.  Several models, all with the limitations and all with specific covering specific aspects there in this field. The point is that measuring the pressure usually includes that you need some	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column? A. Yes. Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a
Go ahead.  22 with specific covering specific aspects there in 23 THE WITNESS: It is an appropriate 24 way to measure the intraabdominal pressure.  22 with specific covering specific aspects there in 23 this field. The point is that measuring the 24 pressure usually includes that you need some	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column? A. Yes. Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter. Do you believe that's an appropriate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and
THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.  23 this field. The point is that measuring the pressure usually includes that you need some	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column? A. Yes. Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter. Do you believe that's an appropriate way of testing the pelvic pressures?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of
<ul><li>way to measure the intraabdominal pressure.</li><li>pressure usually includes that you need some</li></ul>	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column? A. Yes. Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter. Do you believe that's an appropriate way of testing the pelvic pressures? MR. ANDERSON: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column? A. Yes. Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter. Do you believe that's an appropriate way of testing the pelvic pressures? MR. ANDERSON: Objection. Go ahead.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in
25 BY MR. BROWN: Showledge about the area. Otherwise, you will not	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column? A. Yes. Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter. Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Objection. Go ahead. THE WITNESS: It is an appropriate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in this field. The point is that measuring the
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	subcutaneous space. Sorry.  (Deposition Exhibit No. Klinge-20, Article entitled "The Argument for Lightweight Polypropylene Mesh in Hernia Repair", was marked for identification.)   BY MR. BROWN: Q. Doctor, I'm showing you Exhibit 20, which is a study by Dr. Cobb in 2005. Doctor, if you'll turn to page 65. Doctor, do you see where it says, "To answer this question" on the far right column? A. Yes. Q. Okay. Dr. Cobb and his team sought to assess the pressures of the intraabdomen by putting a bladder catheter. Do you believe that's an appropriate way of testing the pelvic pressures?  MR. ANDERSON: Objection. Go ahead. THE WITNESS: It is an appropriate way to measure the intraabdominal pressure.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	pressure from the pelvic floor is transferred to the bladder. So this is a setting where you measure the pressure as newton per square centimeters within the abdominal cavity. Of course you have a it is one space to go down to almost the pelvic floor. It stops a little bit above. You have other slightly different or you have different values if you are measuring in the stomach, in the free abdominal cavity or in the bladder. So you always have variances in your measurements there.  Q. Doctor, if you wanted to measure the pelvic floor forces, where would you measure them?  MR. ANDERSON: Did you say forces?  MR. BROWN: Yes.  MR. ANDERSON: Okay.  THE WITNESS: Where would I measure the forces? There is no perfect way to come to a precise measurement of the forces, the pressures and so on in the moment. So you have to think of several models, all with the limitations and all with specific covering specific aspects there in this field. The point is that measuring the pressure usually includes that you need some

Page 471 Page 473 1 have a pressure. Usually you don't know the area or 1 Now, Doctor, if you look it says that the thickness of a layer, and, therefore, usually it this was performed on fit patients or healthy does not help if you are measuring pressures if you 3 patients. want to transfer it to some anatomical structures or 4 Do you see that? to some textiles. That is a difference. That is a 5 5 Yes. A. 6 6 difficulty. O. Doctor, do you agree that there would 7 If you want to measure forces, you be an increased pressure on an obese patient? 8 MR. ANDERSON: Objection. can try to measure the retaining forces of tissues 9 by just -- by placing some sutures and look how --9 BY MR. BROWN: 10 what are the forces they withstand and to removal of 10 O. Than a healthy patient? 11 these things. You can extract -- as Cosson did 11 MR. ANDERSON: Objection. 12 extensively, you can take some of these tissues, cut Go ahead. 13 13 them in stripes and make some uniaxial measurements. THE WITNESS: I know some obese 14 You can do some excision of the tissue and make some patients where they surely will not have an 15 test pressing through the stamp as well for these increased intraabdominal pressure because they 16 tissues. However, all of this together just gives are -- their capability of muscle activity is quite 17 you a rough estimate of the biomechanical reality restricted. So adipose is not sufficient to predict 18 there. an increased abdominal wall -- intraabdominal 19 BY MR. BROWN: 19 pressure. 20 20 BY MR. BROWN: Have you tested, Doctor, the pelvic Q. 21 21 floor forces? Are you saying, Doctor, it's not 22 22 We have in -- we have tested -- we possible for an obese patient to have a higher have measured personally not the forces, but we have 23 pressure? tested the capability of the tissue to withstand 24 No. I don't want to say this general A. extraction, because we made -- and this is statement that generally obese cannot be. I know, Page 472 Page 474 published, I think. We made investigations for how 1 if you ask me if an obese in general has an to anchor -- how to place anchor, what is the increased intraabdominal pressure, I say that is not holding capacity of anchors in the tissue. And this true, because I personally have in front of my eyes has been done with focus on the pelvic floor in some obese patients where I think or I'm sure that 5 they will not have this peak pressure as a 20 years pigs. 6 But, Doctor, is the answer to my old healthy bodybuilder which is lifting 300 pounds. 7 question no, that you have not studied the pelvic Doctor, would an obese patient have a 8 floor forces in a human? higher pressure in the pelvic floor than a healthy 9 9 We have not made investigations, patient in the pelvic floor? A. 10 10 I don't see that there is a way to yeah, with this focus. 11 If you look at Dr. Cobb, he has a make the difference. If you measure the pressure 12 range of 64 millimeters of mercury to 12 just above the pelvic floor and in the abdominal 252 millimeters of mercury. cavity, it is one space, so you shouldn't expect 14 Do you have any reason to dispute 14 some differences there. 15 15 that those are similar pressures in the pelvic And is that an assumption you're 16 floor? 16 making, Doctor? Do you have any studies that 17 17 I know that this publication appears support what you just said? 18 18 after ours. And in the development of the Vypro®, It is, as it was written in some --19 we assumed a maximum pressure I think is 19 in the reports, it's just physics. 150 millimeters Hg, and so later on he even exceeded 20 Doctor, is it also possible that it a little bit. But I have no doubts that this 21 patients could do more strenuous activities than

22

23

24

pelvic floor?

A.

jumping that would lead to higher forces in the

to this article, we are not talking about forces.

In the moment, we are -- if you refer

22 is -- can be considered as a maximum intraabdominal

pressure. This is the range. It is in the humans,

<sup>24</sup> in the abdominal cavity. I would not expect a value

which is higher.

Page 475

- 1 We are talking about pressures. And these pressures
- 2 may differ. And jumping, I can do a jumping without
- 3 using my muscle as well, so I would not expect that
- 4 the intraabdominal pressure will increase. If you
- 5 have some other activities, maybe you have a maximum
- 6 peak level of intraabdominal pressure. And I would
- agree that if designing a textile to reinforce these
- 8 tissues, you have to consider that you have to cover
- 9 these peak pressures as well, of course.
- 10 Q. Doctor --
- 11 A. Or you have -- sorry.
  - Or if this is not possible to do it
- in one device, you have to provide two devices, one
- 14 for the heavy worker and one for the others, if you
- 15 can realize it only in this way to lower the
- 16 specific risk.

12

- Q. And, Doctor, what I believe you
- 18 stated earlier is that the Prolift® mesh is
- 19 overengineered; is that correct?
- A. From all my data I saw, I have the
- 21 impression that the Prolift® is overengineered.
- Q. And, Doctor, what is the optimal
- 23 strength for a mesh in the pelvic floor?
- A. I have no indication from all the
- 25 literature, from all our experiences, from all our

1 reaction of the tissues, a more intense formation of

Page 477

Page 478

- <sup>2</sup> scar tissue. And this is related to more shrinkage,
- 3 more erosion, more infections, more pain, all these
- 4 clinical side effects that happened if you have a
- 5 textile implant. And this is integrated only in --
- 6 or mainly in scar. This is the consequence of an
- 7 overengineering, that it is possible to reduce all
- 8 of this. The first evidence is the Prolift+M®,
- 9 where the material is reduced. For example, it
- 10 has --

16

- 11 Q. I'm glad you mentioned Prolift+M®,
- 12 because I was going to do the same thing.
- Have you seen, Doctor, studies
- 14 comparing Prolift® and Prolift+M® specifically with
- 5 erosion rates?
  - A. With what?
- Q. Have you seen studies with Prolift®
  - 8 and with Prolift+M® and seen where the Prolift+M®
- 19 erosion rate is below the Prolift® erosion rate, any
- 20 kind of significant difference, have you seen that?
- A. In the moment, I will not -- I do not
- 22 remember that there is a specific study comparing
- these two different materials. However, I wouldn't
  - 4 expect it, because the Prolift+M®, based on
  - Ultrapro®, has some other disadvantages. It has a

Page 476

- 1 measurements from tissue that there has to be
- 2 considered a tensile strength of more than the 16
- 3 newton per centimeters that we estimate for the
- 4 abdominal wall. There is some indication that it's
- <sup>5</sup> even lower, but it depends from the way you use it
- 6 which structure you want to reinforce whether you
- 7 have additional tissue that contributes to the
- 8 stability or -- yeah. At least these are some
- <sup>9</sup> aspects that you have to consider.
  - Q. So you're saying that an optimal strength would be 16 per newton centimeters in the pelvic floor?
- A. No. I said that it is -- I have no arguments to say that it is more. I do not have the
- possibility to say that the optimum is in the
- 16 moment.

10

11

12

- Q. And, Doctor, what complications have
   occurred as a result of Prolift® having the strength
- that it has instead of the 16 newton per centimeters or below?
- A. The overengineering leads to a
- unnecessary plus of material, and it is followed by
- 23 pores that are smaller than necessary. It leads to
- 24 a plus of surface. So overall, this overengineering
- 25 is followed by a more intense local inflammatory

- lower surface. It is a reduced amount of material.
- 2 It has some beneficial parts in this regard, but it
- 3 has some other disadvantages. And I would expect
- 4 that this compensates any beneficial effect on the
- 5 complication rates.
- So after all, as maybe with the
- 7 Vypro®, you have some advantages in some regard, but
- 8 overall, the rate of clinical complications in the
- 9 patients, I'm worried about it, but maybe not been
- 10 decreased by this.
- Q. Doctor, you're aware that there are
- 12 three-year studies for Prolift®, there are
- 13 three-year studies for Prolift+M®.
  - 4 And you are aware that there have not
- been significant decreases in erosion rates for
- 16 Prolift+M®?
- 17 A. Yeah, there is. And my explanation
- 18 is that you have some problem or that there is --
- 19 there are some problems in the structure from the
- 20 Prolift+M® that can explain why there is this
- 21 problem.

22

- O. What is it about the Prolift+M®
- 23 structure that leads to erosions?
- A. The Ultrapro® or Prolift+M®, which is
  - 5 a similar thing, it has a very -- it has larger

Page 479 1 pores. It has a reduced amount of polypropylene. 1 So, yeah, all this together may -- or surely

- 2 However, I've not seen, despite these three years of
- 3 experience, that there has been any mechanical
- problem due to this reduced amount of polypropylene.
- 5 So, therefore, this is my strongest indication that
- the Prolift®, per se, is overengineered in
- comparison to this, because Prolift+M® does not have
- any significant problems in this regard.
  - So Prolift+M®, the Ultrapro®, has
- 10 bigger pores, so the area of -- where I expect
- 11 bridging is lower, but only in the -- at rest. If
- 12 you put only the slightest strain to it, the
- 13 Ultrapro® which is very, very anisotropic, it is the
- 14 prototype of an anisotropic mesh, I don't know any
- 15 other that is a mesh like this. So in a certain
- direction, these collapse -- or these pores collapse
- with the Ultrapro® at very, very low strain. So
- 18 then you lost all advantages of the large pores, and
- 19 you get a very small porous mesh, if there is only
- 20 some sort of strain to this material. In
- 21 comparison, the Prolift® in this regard is better,
- 22 because it withstands a little bit better these
- 23 forces.

9

- 24 There is another disadvantage of the
- Ultrapro®, but I think this is mainly important for

- influences the kind of wound healing in this area.
- But every contamination of bacteria will impair the

Page 481

- wound healing capacity in this field. So all these
- risk factors together will define the risk in a
- 6 patient.

10

12

13

14

- 0. Doctor, what mesh construction are
- you aware of that leads to lower erosion rates than
- the Prolift®?
  - A. Do you know -- you asked me, do you
- 11 know, sorry, or do you expect?
  - No. Do you know? O.
  - Do you know? A.
  - Q. Yes.
- 15 A. In the moment, there is only the
- knowledge of this risk, but I'm not aware of any
- direct clinical comparisons, comparative studies in 18 this regard.
- 19 Q. What other mesh construction are you 20 aware of, Doctor, that causes less chronic pain in
- 21 the pelvic floor than the Prolift®?
- 22 MR. ANDERSON: Objection. 23 THE WITNESS: I do not know any other
- mesh construction that is used for the Prolift®
- procedure.

Page 480

- the incisional hernia, that is that you have a very
- low connection of the filaments to each other so
- 3 that it is separating quite easy if you have strain
- in a certain direction. But it may be -- in some
- 5 patients, it may be a concern in the arms, because
- 6 you -- because of the heterogeneity of the course of
- 7 the fibers, it is not controlled where -- what is the stability at every part of the arms. There
- 9 should be a variation in the stability within the
- 10 arms.

11

- O. Doctor, are you saying that the
- 12 Ultrapro®, when more stress is placed on it, that
- the pores get smaller and it's the bridging fibrosis
- 14 with the Ultrapro® that leads to erosions?
- 15 This will increase the risk for all
- 16 these fibrotic reactions, erosions, as well, yes.
- 17 Doctor, are there any other reasons 18 why erosions take place in the pelvic floor besides
- 19 bridging fibrosis?
- 20 Of course there is an incision. From
- my surgical standpoint, there was an incision and it 21
- 22 was closed. And it depends, from the type of
- 23 dissection there, of the preparation, how much of
- 24 dissection is used, from the wound healing capacity
  - of the patient, whether it's compromised or not.

- Page 482 BY MR. BROWN:
- 2 Doctor, let me ask you one thing on
- page 19 of your report.
- At the bottom where it says,
- "However, as Cosson."
  - Doctor, why if there is a vaginal
- tissue rupture strain of about 20 newtons per
- 8 centimeter, why would you want a mesh that is in the
- 9 range of 2 to 10 newtons per centimeter?
  - This paragraph, first of all, stated
- 11 that the tissue withstand usually, and this is in
- 12 accordance with our measurements of other tissues as
- well, that usually at a strain of 20 newton per
- centimeters, you have cutting through of any holding
- device from the tissues. So if the tissue is not
- 16 able to withstand higher forces, I cannot imagine
- 17 the necessity of any other additional device to
- withstand higher forces. Therefore, the upper limit
- 19 of the tissue is 20 newton. Our estimate dealing
- with the intraabdominal pressure and the
- 21 circumference of the abdominal wall cavity comes up
- 22 to the end of 16 newton. This depends from the
- 23 radius.

10

- 24 So if you're going down in the pelvic
- and you have a smaller radius than in the abdominal

Page 483 Page 485 wall cavity, I think it is reasonable to go lower. wanted to have a mesh with a stretchability or the 2 And this is what my colleagues told me that during capability for elongation at a strain of 16 newton 3 the operation, they have the feeling, they have the of 20 to 30 percent. That was how we got closer to feeling that the forces they apply there are quite this field. And we just measured at our bellies the 5 low. But, however, more precise measurements or 5 change there. 6 6 estimations are still lacking. Point. And then you can see that, 7 MR. BROWN: Doctor, let me know kind physiologically, you have an elongation of 2 to 8 of how you're doing. We want to get you out of here 30 percent in your circumference. And then we did 9 by right around 5:00, but do you want to take a some anatomical studies at anatomical corpse and got 10 five- to ten-minute break or do you want to push? similar values of about elongation at physiological 11 MR. ANDERSON: Let's take five to ten 11 strain of 20 to 30 percent. 12 12 and then we'll keep pushing. That was tested at the beginning with 13 13 the first devices uniaxial in a setting. Then later 14 (A recess was taken from 4:18 p.m. to 14 on we wanted to have this elongation at this strain 15 4:31 p.m.) at a -- when testing pressing through the stamp. 16 Then we, again, looked what is the elongation, the 17 BY MR. BROWN: deformation of the mesh at a certain strain in this 18 18 one. Doctor, can you define for me Q. 19 elasticity, what that means? 19 So that -- this was used -- has been 20 Let me restate that. Strike that 20 used to define the capability for elongation of the 21 textile structures to identify which textile 21 question. 22 22 The elasticity for mesh, what does structures is better than the other, the uniaxial 23 23 testing and then testing through the stem. that mean? 24 A. If you want to know the complexity of 24 Later on --25 25 this term, I think a good reference is the report of Doctor, you do know that I just asked Q. Page 484 Page 486 1 Professor Williams. He used different terms to you, how do you define elasticity? 2 describe this, the e (module of elasticity), Yes. All this together. A. 3 3 stretchability, flexibility and all these things. I Q. Okay. think, if I remember in the '90s, when I looked to 4 MR. ANDERSON: It is a complicated 5 the textile properties of meshes, they usually give question. 6 the -- what they called elasticity at the point of THE WITNESS: So it's not finished. 7 rupture of the mesh. That is the -- an extreme BY MR. BROWN: 8 8 stretchability or stretching of the mesh. And when Q. Go ahead. 9 9 it ruptured, then they said, this is the elasticity A. Elasticity -- please, one important 10 of this mesh. 10 thing is elasticity of a mesh is not the 11 elasticity -- or you have to separate the elasticity We rapidly got the idea that this is 12 not relevant to know for a Prolene® mesh, what is of the filament, of the fibers. There is usually the stretching at this maximum strength that is very limited elasticity of the single fibers. There 14 possible there. Therefore, we looked at the is some additional stretchability, capability for 15 elongation by the textile, by the course of the stretchability, the deformation of the mesh at more 16 16 or less physiological values. Therefore, we tried fibers. If there is some space left there, then 17 17 when you have this stretching, then it can be that to measure the elongation of a mesh at a strain, for 18 example, of 16 newton per centimeters, because we you gain some lengths and that you get some what may 19 had the feeling that if you have an elongation of 19 be called elasticity, but, of course, is elongation the muscle in the range to a mechanical strain of 16 20 of the mesh. newtons per centimeters, the mesh should follow this 21 And the third point, and this is the 21 22 elongation as well. most important thing, is that most of the length that you get by mechanical stressing the mesh is 23 And, therefore, one of the first --23

24

or at the beginning of the -- when we define the

requirements for the Vypro®, we defined it that we

24

done by deformation of the pores. This is not the elasticity of the polymer or the structure, but it

Page 487 Page 489 1 is -- it depends from the structure of the textile. 1 MR. ANDERSON: Tear it? Therefore, is it so difficult, and the other point 2 2 THE WITNESS: Tear it. 3 3 Professor Williams mentioned as well, was the MR. ANDERSON: Or stretch it? flexibility of the mesh, that eases the handling 4 THE WITNESS: Stretch it. If you 5 during the operation, that has to be considered as stretch it, then you have this elongation and then 6 well. the pores collapse. If you have a rough ground, it 7 Q. We're going to talk about flexibility is fixed there in this to some extent. So if you in just a second. release the stretch from this mesh, it will stay 9 But as far as the elasticity, does there, because it is fixed to the rough ground. If 10 elasticity mean that you can stretch the mesh out you have a very smooth ground, it may be that it's 11 and then it comes back to its original shape? Is going back to this. But if you have a rough ground that a simple definition of it? 12 as, for example, if you place it in tissues, it is 12 13 13 unlikely that it will recover completely. A. That is the physical definition of 14 14 elasticity. Elasticity means that you have a And, therefore, this explains very 15 stretch there, and then it comes back. Otherwise, 15 well what you see in the videos where they place the 16 it is a plastic deformation. So for meshes, you arms there and release the force. Then you don't 17 usually don't have this coming back into the see this opening again of the arms and laying flat 18 original position. there, but they stayed there wrinkled and folded 19 Q. 19 there. So if you stretch it and it doesn't 20 BY MR. BROWN: 20 come back to its original position, that's plastic 21 21 deformation; is that right? O. Doctor --22 22 A. That is the definition. There is So the reopening capacity is very 23 23 some -- more or less, it is superimposing both limited. effects, but this is the definition of plastic 24 Q. And are you basing the reopening deformation for me. being limited on the video or are you basing that on Page 488 Page 490 anything else? 1 Q. And are you saying in the body that 1 2 2 when the mesh begins to stretch out, that it doesn't I've -- we did -- to test this 3 come back to its original shape but that it deforms? effect, we did our in vitro experiments. I saw it 4 Let me restate that question, because on the video. It is an explanation why we very 5 often saw this wrinkling in our histological I want to make sure we're talking about Prolift®. 6 So for Prolift®, are you saying that sections, because it explains that you have this 7 when it's placed in the pelvic floor, that when doubling of the mesh from the forces of it. Because 8 8 forces are placed on it, that it's going to stretch this is -- yeah. It is a very good explanation of 9 out and then deform? 9 what we see when looking to the mesh explants. 10 MR. ANDERSON: Objection. 10 Are those those 1,000 explants that Q. 11 you talked about earlier? Go ahead. 11 12 12 THE WITNESS: The -- I've read in the A. (Witness nods head.) 13 reports that there are some -- one of them said or Q. You have to say yes. 14 assumed that there is a memory effect of the mesh 14 A. Yes. Sorry. 15 15 structure always providing an opening of the pores Q. Doctor, how much does the mesh need 16 16 again when releasing the stress. to -- strike that. Let me ask it a different way. 17 17 How elastic does the mesh in the So as it is only the collapse of the 18 mesh -- of the pore size, it depends from the size 18 pelvic floor need to be? 19 19 and the stiffness of the filaments, and, of course, MR. ANDERSON: Objection. 20 of the structure whether -- how big the forces are 20 Go ahead. 21 to reopen after release of the tensile stress. 21 THE WITNESS: Yeah. The answer of 22 But there is another effect, and we this question depends from the configuration, the have tested it with a in vitro, where we placed a 23 intention, what you want to reinforce. If you want 24 mesh on a rough ground. And if you tear it and you to reinforce a ligament, which physiologically has a 25 have it -very limited stretchability --

Page 491 Page 493 1 BY MR. BROWN: go to page 20 of your report. 2 2 Can we just do pelvic organ prolapse? On "Elasticity," that's the section 3 Is that what you're talking about? That way we can we're looking at. And I just want to make sure I 4 confine it down and you can answer the question. understand what you have in your report. We're 5 So how much elasticity does the mesh talking about investigations from Cosson and Gabriel 6 need for Prolift® to support pelvic organ prolapse? indicating elasticity. 7 The arms -- from my understanding, Do you see that? 8 the use of the arms are to keep the mesh in place A. Gabriel, yeah, I see it. 9 9 and some -- and, thus, may be regarded as some sort 0. Do you see where it says that they 10 of artificial ligament there in this place. 10 indicate an elasticity, it's got a less than 11 So for this ligaments to have it in 11 10 percent sign for fascial tissue, and then 15 12 greater 100 percent for vaginal tissue. I'm just place, if you have a stretchability of 13 13 20,000 percent, you will not be satisfied. not sure what you mean here. 14 Therefore, for the arms, the stretchability, yeah, 14 Can you tell me what you're trying to should be limited, should be less than for the flat 15 tell me with that sentence? 16 mesh for the central area, which is close to the 16 We have to go to the literature of vagina -- vaginal tissue which has to go with the Cosson and Gabriel, but so far I remember correctly, 18 other tissue around and should not demonstrate a they measure the elasticity, the stretchability of 19 considerable restriction of this elasticity. So tissues and of fascia and of native tissue, and 20 different. 20 there the figures are coming from their 21 21 Doctor, you had stated with the publications. O. Vypro® at 16 newtons, it had 20 to 30 percent 22 22 O. Does that mean -- and I do not want 23 elasticity, is that what you're saying, I think to put words in your mouth. I just want to you're referencing for hernia. understand what the sentence means here. 25 25 So what are you saying needs to be Does it mean that you can have an Page 492 Page 494 elasticity of less than 10 percent for fascial the elasticity in the pelvic floor? 2 tissue? Is that what that means? MR. ANDERSON: Objection, asked and 3 3 answered, but go ahead. The intention is to clarify that 4 MR. BROWN: Did he give me a there is a difference. Fascial tissue and ligaments 5 have a less elasticity than the other tissue. It percentage? 6 MR. ANDERSON: You didn't ask for a has to be separated. And I want to express this by 7 these sentences. And, therefore, this is indicated percentage there either. 8 BY MR. BROWN: by the different figures. You see another 9 9 Doctor, to be very clear then for elasticity for fascial tissue than for the organs, 10 everybody so we can get you out of here, is there a 10 and so it has to be considered separately. 11 percentage of elasticity that is necessary with a 11 O. So is that saying that the mesh --12 12 mesh in the pelvic floor? strike that. 13 13 There are reasonable arguments to Is that saying that an appropriate estimate that elasticity or stretchability -- you mesh would have an elasticity of less than 15 have to define it carefully what you are thinking 15 10 percent for fascial tissue? 16 16 about, how you are measuring all this, but it is an From this study, there -- this study 17 17 elasticity in the field of 20 percent for a flat confirms that an elasticity of less than 10 percent 18 tissue area should have less risk for making may be in the right range. But it is not sufficient 19 complications with the adjacent tissues than when 19 just to take this study and make it like this and 20 20 you use a stiffer one. expect that everything is perfect. 21 If you are using -- if you are just 21 Q. Okay. 22 focusing on the arms or the replacement with parts A. But the range covers what I expect to 23 23 of your prosthesis of ligaments, this can be less, be. 24 should be less than 20 percent. 24 O. And then it says, and 15 greater 25 Okay. Doctor, if you would, if you'd 100 percent for vaginal tissue.

_		Confidencial Dabject to Belpala		
		Page 495		Page 497
	1	Is that a typo there or am I reading	1	
	2	this wrong? What does that mean, 15 greater than	2	MR. BROWN: Yes.
	3	100 percent for vaginal tissue?	3	MR. ANDERSON: Okay.
	4	A. If you look to the original article	4	THE WITNESS: I have to rely on
	5	of these two, there is in one study there is the	5	this these anatomical biomechanical studies. And
	6	measurement of 15 percent, and in the other study	6	then I, from my point of view, a range of yeah.
	7	there is I think the study of corpses or so. There	7	At least more than 20 percent stretchability. But
	8	is they indicated that there is an elasticity of	8	maybe it's 30, 30 to 50 percent stretchability of a
	9	more than 100 percent. So you have to go in the	9	textile may be a good starting point to optimize it.
1	10	detail to explain.	10	BY MR. BROWN:
1	11	And I just mentioned what I what	11	Q. Doctor, do you believe that the
1	12	you can found in the literature, that there is this	12	elasticity of the Prolift® is adequate for use in
1	13	figure of 15 percent and 100 percent, which is	13	the pelvic floor?
1	14	extreme much there. But in this sentence, the	14	A. The elasticity of the Prolift® at a
1	15	intention was to show the difference, less than	15	strain of let me see to the data, if I remember
1	16	10 percent for the more stiff tissues and more than	16	correctly. Does anyone have the page?
1	17	15, 20 percent for the more flexible tissues. You	17	MR. ANDERSON: Do you have the
1	18	have different tissues. You want to reinforce	18	elasticity open for Prolift®?
1	19	different tissues, and, therefore, the device has to	19	BY MR. BROWN:
2	20	consider this one. And this is not written to	20	Q. Are you saying that it's in your
2	21	partly discuss whether 100 percent is reasonable or	21	report somewhere?
2	22	not, and we have to go to the study.	22	MR. ANDERSON: I don't remember. I
2	23	Q. Doctor, if you've already said this,	23	can look through it.
2	24	then I apologize.	24	MR. RESTAINO: Page 21.
2	25	But what is the range of elasticity	25	MR. ANDERSON: Is that a percentage,
	1	Page 496		Page 498
	1	that you would like to see for mesh placed for	1	though?
	2	that you would like to see for mesh placed for vaginal tissue?	2	though?  MR. RESTAINO: Percentage, no.
	2	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.	2	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under
	2 3 4	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.	2 3 4	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under  4.9 newton per centimeter of strength, elongation of
	2 3 4 5	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.  BY MR. BROWN:	2 3 4 5	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under  4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in
	2 3 4 5 6	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.  BY MR. BROWN:  Q. A percentage, if you could, Doctor?	2 3 4 5 6	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on
	2 3 4 5 6 7	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.  BY MR. BROWN:  Q. A percentage, if you could, Doctor?  MR. ANDERSON: Objection.	2 3 4 5 6 7	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under  4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely
	2 3 4 5 6 7 8	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.  BY MR. BROWN:  Q. A percentage, if you could, Doctor?  MR. ANDERSON: Objection.  Go ahead.	2 3 4 5 6 7 8	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.
	2 3 4 5 6 7 8	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.  BY MR. BROWN:  Q. A percentage, if you could, Doctor?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Well, vaginal tissue,	2 3 4 5 6 7 8	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is
	2 3 4 5 6 7 8 9	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.  BY MR. BROWN:  Q. A percentage, if you could, Doctor?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the	2 3 4 5 6 7 8 9	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively.
1	2 3 4 5 6 7 8 9	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead.  BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived	2 3 4 5 6 7 8 9 10	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data
1	2 3 4 5 6 7 8 9 10 11	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead.  BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts	2 3 4 5 6 7 8 9 10 11	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for
1	2 3 4 5 6 7 8 9 110 111 112	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.  BY MR. BROWN:  Q. A percentage, if you could, Doctor?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.	2 3 4 5 6 7 8 9 10 11 12 13	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious
1 1 1	2 3 4 5 6 7 8 9 10 11 12 13	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead.  BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent. BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device.
1 1 1	2 3 4 5 6 7 8 9 10 11 11 12 13 14	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead.  BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.  BY MR. BROWN: Q. So, Doctor	2 3 4 5 6 7 8 9 10 11 12 13 14	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device. BY MR. BROWN:
1 1 1 1 1	2 3 4 5 6 7 8 9 10 11 12 13 14 15	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.  BY MR. BROWN:  Q. A percentage, if you could, Doctor?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.  BY MR. BROWN:  Q. So, Doctor  A. But you have to consider that it is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device.  BY MR. BROWN:  Q. Do you believe that the elasticity of
1 1 1 1 1	2 3 4 5 6 7 8 9 110 111 112 113 114 115 116	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead.  BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.  BY MR. BROWN: Q. So, Doctor A. But you have to consider that it is not done by measuring the elasticity of the textile.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device.  BY MR. BROWN:  Q. Do you believe that the elasticity of the Prolift® mesh is adequate for placement in the
1 1 1 1 1	2 3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead. BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent. BY MR. BROWN: Q. So, Doctor A. But you have to consider that it is not done by measuring the elasticity of the textile. You have to look at the elasticity after tissue	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device.  BY MR. BROWN:  Q. Do you believe that the elasticity of the Prolift® mesh is adequate for placement in the pelvic floor?
1 1 1 1 1 1	2 3 4 5 6 7 8 9 110 111 112 113 114 115 116 117 118	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead.  BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.  BY MR. BROWN: Q. So, Doctor A. But you have to consider that it is not done by measuring the elasticity of the textile. You have to look at the elasticity after tissue integration.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	though?  MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device.  BY MR. BROWN:  Q. Do you believe that the elasticity of the Prolift® mesh is adequate for placement in the pelvic floor?  MR. ANDERSON: Objection.
1 1 1 1 1 1 1 2	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead.  BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.  BY MR. BROWN: Q. So, Doctor A. But you have to consider that it is not done by measuring the elasticity of the textile. You have to look at the elasticity after tissue integration. Q. So is it your testimony that the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MR. RESTAINO: Percentage, no. THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters. So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device. BY MR. BROWN: Q. Do you believe that the elasticity of the Prolift® mesh is adequate for placement in the pelvic floor? MR. ANDERSON: Objection. Go ahead.
1 1 1 1 1 1 1 2 2	2 3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18 19 20 21	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead.  BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.  BY MR. BROWN: Q. So, Doctor A. But you have to consider that it is not done by measuring the elasticity of the textile. You have to look at the elasticity after tissue integration. Q. So is it your testimony that the well, let me ask you this.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MR. RESTAINO: Percentage, no. THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters. So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device. BY MR. BROWN: Q. Do you believe that the elasticity of the Prolift® mesh is adequate for placement in the pelvic floor?  MR. ANDERSON: Objection. Go ahead. THE WITNESS: The elasticity in its
1 1 1 1 1 1 2 2	2 3 4 5 6 7 8 9 10 11 11 12 11 13 14 11 15 11 16 17 11 18 19 20 20 20 20 20 20 20 20 20 20 20 20 20	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead.  BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.  BY MR. BROWN: Q. So, Doctor A. But you have to consider that it is not done by measuring the elasticity of the textile. You have to look at the elasticity after tissue integration. Q. So is it your testimony that the well, let me ask you this. What is the optimal elasticity for a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device. BY MR. BROWN:  Q. Do you believe that the elasticity of the Prolift® mesh is adequate for placement in the pelvic floor?  MR. ANDERSON: Objection. Go ahead. THE WITNESS: The elasticity in its textile form fits the range, yeah. Is in the range
1 1 1 1 1 1 2 2 2 2	2 3 4 5 6 7 8 9 110 111 112 113 114 115 116 117 118 119 120 121 122 122 123	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.  BY MR. BROWN:  Q. A percentage, if you could, Doctor?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.  BY MR. BROWN:  Q. So, Doctor  A. But you have to consider that it is not done by measuring the elasticity of the textile. You have to look at the elasticity after tissue integration.  Q. So is it your testimony that the well, let me ask you this.  What is the optimal elasticity for a mesh in the pelvic floor? And if you can provide a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MR. RESTAINO: Percentage, no. THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters. So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device. BY MR. BROWN: Q. Do you believe that the elasticity of the Prolift® mesh is adequate for placement in the pelvic floor?  MR. ANDERSON: Objection. Go ahead. THE WITNESS: The elasticity in its
1 1 1 1 1 1 2 2 2 2 2 2	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection. Go ahead.  BY MR. BROWN: Q. A percentage, if you could, Doctor? MR. ANDERSON: Objection. Go ahead. THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.  BY MR. BROWN: Q. So, Doctor A. But you have to consider that it is not done by measuring the elasticity of the textile. You have to look at the elasticity after tissue integration. Q. So is it your testimony that the well, let me ask you this. What is the optimal elasticity for a mesh in the pelvic floor? And if you can provide a range of percentages, that would be good.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device. BY MR. BROWN:  Q. Do you believe that the elasticity of the Prolift® mesh is adequate for placement in the pelvic floor?  MR. ANDERSON: Objection. Go ahead.  THE WITNESS: The elasticity in its textile form fits the range, yeah. Is in the range I would expect that is appropriate for a textile.
1 1 1 1 1 1 2 2 2 2 2 2	2 3 4 5 6 7 8 9 110 111 112 113 114 115 116 117 118 119 120 121 122 122 123	that you would like to see for mesh placed for vaginal tissue?  MR. ANDERSON: Objection.  Go ahead.  BY MR. BROWN:  Q. A percentage, if you could, Doctor?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: Well, vaginal tissue, just for reinforcement in direct contact with the vaginal tissue, the best data I found there derived from this study from Cosson. This is it starts from 20 percent, can go up to 100 percent.  BY MR. BROWN:  Q. So, Doctor  A. But you have to consider that it is not done by measuring the elasticity of the textile. You have to look at the elasticity after tissue integration.  Q. So is it your testimony that the well, let me ask you this.  What is the optimal elasticity for a mesh in the pelvic floor? And if you can provide a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MR. RESTAINO: Percentage, no.  THE WITNESS: No, no. Page 30 under 4.9 newton per centimeter of strength, elongation of 50 percent in the warp direction and 22 percent in the cross direction. The textile porosity and so on decreased, and effective porosity completely disappeared at a load of 4.9 centimeters.  So for the arm, the elongation is 22 percent, 25 percent and 27 percent respectively. The elongation is higher there. From these data alone, I would think that the capability to for elongation of the Prolift® is not the most serious problem of this device. BY MR. BROWN:  Q. Do you believe that the elasticity of the Prolift® mesh is adequate for placement in the pelvic floor?  MR. ANDERSON: Objection. Go ahead. THE WITNESS: The elasticity in its textile form fits the range, yeah. Is in the range

	Confidencial - Subject to Scipula	_	
	Page 499		Page 501
1	occurred.)	1	various stresses of the body.
2		2	Are you able to say if the Prolift®
3	BY MR. BROWN:	3	adapts to the pelvic floor region?
4	Q. Doctor, have you heard the term	4	A. I'm not able to understand this
5	"bidirectional elasticity"?	5	sentence, because I don't know what it means to
6	A. I've heard it, yeah.	6	adapt. Is it an active process or
7	Q. Doctor, does the Prolift® have	7	Q. Doctor, I can only use the word
8	bidirectional elasticity?	8	that's in the IFU, so
9	MR. ANDERSON: Objection.	9	A. Yeah. But you asked me to explain
10	Go ahead.	10	the sentence you put in there, so to adapt is an
11	THE WITNESS: If you understand by	11	active process. To my knowledge, polymer is a dead
12	this term in comparison to a plate of steel, which	12	substance, as taken for some bags. There is no
13	does not have any elasticity in either direction,	13	active process of optimizing, growing, changing, so
14	that you just want to express that if you have a	14	something like this. So adapt, the active process
15	piece of Prolift® mesh there, that you tear it in	15	of adaptation to some strain by polypropylene, I do
16	one direction	16	not understand this.
17	MR. ANDERSON: Tear or stretch?	17	Q. Let me ask it in a different way.
18	THE WITNESS: Stretch. If you	18	Does it comply with the various
19	stretch it in one direction, that you get some	19	stresses in the pelvic floor, the Prolift® mesh?
20	certain elongation, and then afterwards, you can	20	MR. ANDERSON: Objection.
21	turn it around by 90 degrees, stretch it again and	21	Go ahead.
22	then get another elongation. If you mean this as	22	THE WITNESS: Comply means? Again,
23	bidirectional elasticity, I would say that Prolift®	23	please help me to understand what is the definition
24	has this capability of bidirectional elasticity, as	24	of so compliance means a certain elongation at a
25	every mesh I know.	25	certain strain. That is the definition of
23	every mesh i know.	23	certain strain. That is the definition of
	Page 500		Page 502
1	Page 500 BY MR. BROWN:	1	Page 502 compliance.
1 2	_	1 2	_
	BY MR. BROWN:		compliance.
2	BY MR. BROWN:  Q. And the way that you defined	2	compliance.  Of course you can measure the
2 3	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way	2 3	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you
2 3 4	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?	2 3 4	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the
2 3 4 5	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is	2 3 4 5	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at
2 3 4 5 6	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did	2 3 4 5 6	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance.
2 3 4 5 6 7	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the	2 3 4 5 6 7	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so
2 3 4 5 6 7 8	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.	2 3 4 5 6 7 8	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to
2 3 4 5 6 7 8	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I	2 3 4 5 6 7 8	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence. BY MR. BROWN:
2 3 4 5 6 7 8 9	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.	2 3 4 5 6 7 8 9	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on
2 3 4 5 6 7 8 9 10	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you	2 3 4 5 6 7 8 9 10	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.
2 3 4 5 6 7 8 9 10 11	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree	2 3 4 5 6 7 8 9 10 11	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the
2 3 4 5 6 7 8 9 10 11 12	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree A. I can agree.	2 3 4 5 6 7 8 9 10 11 12 13	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.
2 3 4 5 6 7 8 9 10 11 12 13 14	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree  A. I can agree.  MR. ANDERSON: That he can agree.	2 3 4 5 6 7 8 9 10 11 12 13	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the contracture rates for Prolift® lead to pain in a patient?
2 3 4 5 6 7 8 9 10 11 12 13 14	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree  A. I can agree.  MR. ANDERSON: That he can agree.  MR. BROWN: Oh, I'm sorry. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the contracture rates for Prolift® lead to pain in a
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree  A. I can agree.  MR. ANDERSON: That he can agree.  MR. BROWN: Oh, I'm sorry. Okay. Got you.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the contracture rates for Prolift® lead to pain in a patient?  MR. ANDERSON: Objection.  Go ahead.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree  A. I can agree.  MR. ANDERSON: That he can agree.  MR. BROWN: Oh, I'm sorry. Okay.  Got you.  BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the contracture rates for Prolift® lead to pain in a patient?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: I know that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree  A. I can agree.  MR. ANDERSON: That he can agree.  MR. BROWN: Oh, I'm sorry. Okay.  Got you.  BY MR. BROWN:  Q. Doctor, let me ask you this, too.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the contracture rates for Prolift® lead to pain in a patient?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: I know that contraction scarry contraction of a device is
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree  A. I can agree.  MR. ANDERSON: That he can agree.  MR. BROWN: Oh, I'm sorry. Okay.  Got you.  BY MR. BROWN:  Q. Doctor, let me ask you this, too.  When Ethicon stated that the mesh	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the contracture rates for Prolift® lead to pain in a patient?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: I know that contraction scarry contraction of a device is associated with clinical complications. I know
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree  A. I can agree.  MR. ANDERSON: That he can agree.  MR. BROWN: Oh, I'm sorry. Okay.  Got you.  BY MR. BROWN:  Q. Doctor, let me ask you this, too.  When Ethicon stated that the mesh adapts to the various stresses of the body, are you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the contracture rates for Prolift® lead to pain in a patient?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: I know that contraction scarry contraction of a device is associated with clinical complications. I know this. I cannot answer it for a single patient.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree  A. I can agree.  MR. ANDERSON: That he can agree.  MR. BROWN: Oh, I'm sorry. Okay.  Got you.  BY MR. BROWN:  Q. Doctor, let me ask you this, too.  When Ethicon stated that the mesh adapts to the various stresses of the body, are you able to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the contracture rates for Prolift® lead to pain in a patient?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: I know that contraction scarry contraction of a device is associated with clinical complications. I know this. I cannot answer it for a single patient. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree  A. I can agree.  MR. ANDERSON: That he can agree.  MR. BROWN: Oh, I'm sorry. Okay.  Got you.  BY MR. BROWN:  Q. Doctor, let me ask you this, too.  When Ethicon stated that the mesh adapts to the various stresses of the body, are you able to  A. What, that Ethicon stated?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the contracture rates for Prolift® lead to pain in a patient?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: I know that contraction scarry contraction of a device is associated with clinical complications. I know this. I cannot answer it for a single patient.  Yes.  BY MR. BROWN:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. BROWN:  Q. And the way that you defined bidirectional elasticity, is that an appropriate way to define bidirectional elasticity?  A. I cannot answer the way or what is appropriate definition of this term, as I even did not get sufficient information by the FDA or by the reports from Ethicon what is meant by this term of bidirectional elasticity. Therefore, I do not know.  So in the definition I gave to you, I think this is a statement I can agree.  Q. When you say it's a statement you cannot agree  A. I can agree.  MR. ANDERSON: That he can agree.  MR. BROWN: Oh, I'm sorry. Okay.  Got you.  BY MR. BROWN:  Q. Doctor, let me ask you this, too.  When Ethicon stated that the mesh adapts to the various stresses of the body, are you able to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	compliance.  Of course you can measure the compliance of the Prolift® mesh. And if you consider different strains, you can look in the figure, and then you know the specific elongation at a strain. Therefore, you can define the compliance. But you can measure it for steel as well, so  Again, I have some problems to understand this sentence.  BY MR. BROWN:  Q. That's fine. We're going to move on from there. Let me ask you a couple questions.  Doctor, can you say that the contracture rates for Prolift® lead to pain in a patient?  MR. ANDERSON: Objection.  Go ahead.  THE WITNESS: I know that contraction scarry contraction of a device is associated with clinical complications. I know this. I cannot answer it for a single patient. Yes.

Page 503 Page 505 1 is put in for pelvic floor? 1 intensified bridging and shrinkage. So it is impossible to give an absolute range there for me. 2 For me there is no way to give an 3 Is there a mesh contracture today 3 absolute number of the number of -- the percentage, how many are caused by. I only can say that there that you're aware of that provides lower contracture is, without any doubts, there is an increased risk rates than the Prolift®? 5 to -- for manifestation of complication. 6 6 MR. ANDERSON: Objection. 7 7 Is there a safe range of contracture THE WITNESS: I don't know any O. 8 in the pelvic floor? comparative study in this regard. 9 MR. ANDERSON: Objection. BY MR. BROWN: 10 10 Go ahead. Doctor, we're getting there. Let me 11 THE WITNESS: Safe contraction --11 ask you this real quick. 12 12 BY MR. BROWN: Your definition of inert? 13 13 Do you want me to restate it? Would A. Inert, I'm sure it's somewhere 14 that be helpful? 14 written, that there is no change after incorporation 15 A. Please. in a body or in human tissues, that there is no 16 Q. Sure. Is there a range of change of appearance and construction and chemical 17 contracture that can take place in the pelvic floor composition. That may be a term. 18 18 that you would expect it not lead to an adverse Do you believe today that the poly --Q. 19 event for patients? 19 scratch that. 20 20 From my experience and from my When did you come to believe that the 21 knowledge, it is almost impossible to define an 21 Ethicon polypropylene was not inert? 22 22 absolute range where you can be, again, safe there. When I saw for the first time the 23 What we have learned during all these years is that electron microscopic images showing that you have you have a changed risk, that you can't change the this cracking at the surface by Clave and confirmed risk with the -- by the selection of your material, by the group around Ramshaw. That was the first Page 504 Page 506 and you can have an increased risk or you can have a indicating that it is probably not inert. 2 lowered risk. But to go down to zero risk, I think And is there a difference between O. 3 3 this is not imaginable for me in no part of surgery. physical inert, chemical inert and biological inert? 4 Is there a range of contracture that I'm not aware for our -- in our field you would say leads to minimal risk for contracture of research. The inertness has to consider the 6 in the pelvic floor? integration into the tissue, the integration with 7 MR. ANDERSON: Objection. macrophages, with all these substances there. You 8 BY MR. BROWN: may define it otherwise, just looking to the 9 9 I'll restate it then. ultraviolet light, whether it is able to make a 10 Is there a contracture range for 10 degradation. Maybe you define this as a physical 11 meshes that leads to minimal adverse events in a 11 inertness, but what is relevant for us is only what 12 12 patient for pelvic floor repair? happens after integration in the body and not what 13 13 I'm sure if you are looking, the well happens in the package. healing patients, then you will find a lower degree 14 15 15 of shrinkage in these patients than if you're (Deposition Exhibit No. Klinge-21, 16 16 looking to the, let me say, bad healers in these. Gynecare Prolift Instructions for Use, 17 17 There you will see a higher degree of shrinkage. Bates stamped ETH.MESH.02341454 through 18 18 But, again, it will be impossible to define ETH.MESH.02341459, was marked for 19 19 absolutely numbers for this. identification.) 20 Let me raise another aspect. We have 20 made this evaluation of explanted mesh materials, 21 BY MR. BROWN: 21 22 22 and we have investigated different materials. And Q. Last document, last line of 23 there has been several real large pore meshes. In 23 questions. 24 the presence of a bacterial infection, even in these 24 A. It's a promise. 25 good meshes, large pore meshes, you have an MR. ANDERSON: I heard it.

		_	
	Page 507		Page 509
1	MR. BROWN: That was off the record.	1	its strength indefinitely, that this is likely not
2	BY MR. BROWN:	2	true.
3	Q. Doctor, this is the IFU of the	3	The other is that you say, "When used
4	Prolift®.	4	as a suture has been reported to be nonreactive."
5	I think you've probably seen that	5	That indicates I think not the true relationship
6	before; is that correct?	6	between the polypropylene material and the tissue
7	A. I've seen it before.	7	reaction as it is experienced with the meshes,
8	Q. Do you have any opinions that you	8	because I think it is not justified to compare the
9	intend to offer at trial that are critical of this	9	tissue reaction to a suture to the tissue reaction
10	information for use in the Prolift®?	10	to a mesh. This is just for this sentence.
11	A. I didn't get it.	11	Q. Go ahead.
12	Q. Do you have any opinions that you	12	A. So the next sentence, "The mesh
13	intend to offer at trial that are critical of what's	13	affords excellent strength, durability, and surgical
14	in this IFU?	14	adaptability, with sufficient porosity for necessary
15	A. Maybe again, or louder, or	15	tissue ingrowth." Excellent strength indicates that
16	Q. Sure, sure. Do you have any opinions	16	it is optimized for the physiological requirements,
17	that are critical of this IFU, statements in the	17	and I didn't see this confirmation that it was
18	IFU?	18	optimized to fit to the physiological requirements.
19	A. So we have to go page by page or	19	"With sufficient porosity for
20	sentence by sentence	20	necessary tissue ingrowth," that is correct. You
21	MR. ANDERSON: Yep. Yep.	21	have tissue ingrowth, but this does not meet the
22	THE WITNESS: to go there.	22	critical point. And, therefore, sufficient porosity
23	MR. ANDERSON: Take your time,	23	indicates a maybe or indicates a misleading
24	please.	24	aspect for the consumer.
25	THE WITNESS: Shall I, when I get to	25	The assumption that it is
	THE WITH LESS. Shan I, When I get to		The assumption that it is
	Page 508		Page 510
1	Page 508 a sentence that I shall I raise it?	1	Page 510 approximately 50 percent more flexible than standard
1 2	_	1 2	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data
	a sentence that I shall I raise it?		approximately 50 percent more flexible than standard
2	a sentence that I shall I raise it? BY MR. BROWN:	2	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data
2	a sentence that I shall I raise it?  BY MR. BROWN:  Q. That's fine.	2 3	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really
2 3 4	a sentence that I shall I raise it?  BY MR. BROWN:  Q. That's fine.  A. Of course? Otherwise, it is maybe	2 3 4	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the
2 3 4 5	a sentence that I shall I raise it?  BY MR. BROWN:  Q. That's fine.  A. Of course? Otherwise, it is maybe Q. Yeah.	2 3 4 5	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I
2 3 4 5 6	a sentence that I shall I raise it?  BY MR. BROWN:  Q. That's fine.  A. Of course? Otherwise, it is maybe Q. Yeah.  A. So "this material, when used as a	2 3 4 5 6	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.
2 3 4 5 6 7	a sentence that I shall I raise it?  BY MR. BROWN:  Q. That's fine.  A. Of course? Otherwise, it is maybe Q. Yeah.  A. So "this material, when used as a suture, has been reported to be non-reactive and to	2 3 4 5 6 7	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.
2 3 4 5 6 7 8	a sentence that I shall I raise it?  BY MR. BROWN:  Q. That's fine.  A. Of course? Otherwise, it is maybe Q. Yeah.  A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use."	2 3 4 5 6 7 8	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both
2 3 4 5 6 7 8	a sentence that I shall I raise it?  BY MR. BROWN:  Q. That's fine.  A. Of course? Otherwise, it is maybe Q. Yeah.  A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use."  Q. Can you just tell me where you are	2 3 4 5 6 7 8	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh
2 3 4 5 6 7 8 9	a sentence that I shall I raise it?  BY MR. BROWN:  Q. That's fine.  A. Of course? Otherwise, it is maybe Q. Yeah.  A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use."  Q. Can you just tell me where you are before you start reading?	2 3 4 5 6 7 8 9	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of
2 3 4 5 6 7 8 9 10	a sentence that I shall I raise it?  BY MR. BROWN:  Q. That's fine.  A. Of course? Otherwise, it is maybe Q. Yeah.  A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use."  Q. Can you just tell me where you are before you start reading?  MR. ANDERSON: This page, second page	2 3 4 5 6 7 8 9 10	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the
2 3 4 5 6 7 8 9 10 11	a sentence that I shall I raise it? BY MR. BROWN: Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading? MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say
2 3 4 5 6 7 8 9 10 11 12 13	a sentence that I shall I raise it? BY MR. BROWN: Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading? MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN: Q. Okay.	2 3 4 5 6 7 8 9 10 11 12 13	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a
2 3 4 5 6 7 8 9 10 11 12 13 14	a sentence that I shall I raise it? BY MR. BROWN: Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading? MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a covering or something like this if you are aware
2 3 4 5 6 7 8 9 10 11 12 13 14 15	a sentence that I shall I raise it? BY MR. BROWN: Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading? MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN: Q. Okay. MR. ANDERSON: Starting with, "This material."	2 3 4 5 6 7 8 9 10 11 12 13 14	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a covering or something like this if you are aware whether this is a huge amount of material there.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	a sentence that I shall I raise it? BY MR. BROWN: Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading? MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN: Q. Okay. MR. ANDERSON: Starting with, "This material." BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a covering or something like this if you are aware whether this is a huge amount of material there.  Yeah. "Allows adaptation to various
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	a sentence that I shall I raise it? BY MR. BROWN: Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading? MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN: Q. Okay. MR. ANDERSON: Starting with, "This material." BY MR. BROWN: Q. Okay. When it's talking about	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a covering or something like this if you are aware whether this is a huge amount of material there.  Yeah. "Allows adaptation to various stresses encountered in the body." "The
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	a sentence that I shall I raise it? BY MR. BROWN: Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading? MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN: Q. Okay. MR. ANDERSON: Starting with, "This material." BY MR. BROWN: Q. Okay. When it's talking about retaining its strength indefinitely, is that the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a covering or something like this if you are aware whether this is a huge amount of material there.  Yeah. "Allows adaptation to various stresses encountered in the body." "The bi-directional elastic property allows adaptation to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	a sentence that I shall I raise it? BY MR. BROWN: Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading? MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN: Q. Okay. MR. ANDERSON: Starting with, "This material." BY MR. BROWN: Q. Okay. When it's talking about retaining its strength indefinitely, is that the testimony you gave with regard to degradation?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a covering or something like this if you are aware whether this is a huge amount of material there.  Yeah. "Allows adaptation to various stresses encountered in the body." "The bi-directional elastic property allows adaptation to various stresses encountered in the body" indicate
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	a sentence that I shall I raise it? BY MR. BROWN: Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading? MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN: Q. Okay. MR. ANDERSON: Starting with, "This material." BY MR. BROWN: Q. Okay. When it's talking about retaining its strength indefinitely, is that the testimony you gave with regard to degradation? MR. ANDERSON: Well, let him address	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a covering or something like this if you are aware whether this is a huge amount of material there.  Yeah. "Allows adaptation to various stresses encountered in the body." "The bi-directional elastic property allows adaptation to various stresses encountered in the body" indicate some active process. As I said, I cannot understand
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	a sentence that I shall I raise it? BY MR. BROWN:  Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading?  MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN: Q. Okay.  MR. ANDERSON: Starting with, "This material." BY MR. BROWN: Q. Okay. When it's talking about retaining its strength indefinitely, is that the testimony you gave with regard to degradation?  MR. ANDERSON: Well, let him address that sentence.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a covering or something like this if you are aware whether this is a huge amount of material there.  Yeah. "Allows adaptation to various stresses encountered in the body." "The bi-directional elastic property allows adaptation to various stresses encountered in the body" indicate some active process. As I said, I cannot understand this one.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	a sentence that I shall I raise it? BY MR. BROWN: Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading? MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN: Q. Okay. MR. ANDERSON: Starting with, "This material." BY MR. BROWN: Q. Okay. When it's talking about retaining its strength indefinitely, is that the testimony you gave with regard to degradation? MR. ANDERSON: Well, let him address that sentence. BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a covering or something like this if you are aware whether this is a huge amount of material there.  Yeah. "Allows adaptation to various stresses encountered in the body." "The bi-directional elastic property allows adaptation to various stresses encountered in the body" indicate some active process. As I said, I cannot understand this one.  And also "PERFORMANCE," there is,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	a sentence that I shall I raise it? BY MR. BROWN:  Q. That's fine. A. Of course? Otherwise, it is maybe Q. Yeah. A. So "this material, when used as a suture, has been reported to be non-reactive and to retain its strength indefinitely in clinical use." Q. Can you just tell me where you are before you start reading?  MR. ANDERSON: This page, second page under "GYNECARE GYNEMESH PS." BY MR. BROWN: Q. Okay.  MR. ANDERSON: Starting with, "This material." BY MR. BROWN: Q. Okay. When it's talking about retaining its strength indefinitely, is that the testimony you gave with regard to degradation?  MR. ANDERSON: Well, let him address that sentence.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	approximately 50 percent more flexible than standard Prolene®, it will be necessary to look to the data available. So in the moment, I'm not able to really verify whether this is true in particularly in the physiological range. So what does it mean? But I think it is not the most critical part for me.  "Provides for elasticity in both directions," that is true.  "This construction permits the mesh to be cut intodesired shape or size without unraveling." That is true, that is an advantage of all knitted things, but it does not reflect the critical point. So maybe it would be helpful to say that trimming should be done outside or with a covering or something like this if you are aware whether this is a huge amount of material there.  Yeah. "Allows adaptation to various stresses encountered in the body." "The bi-directional elastic property allows adaptation to various stresses encountered in the body" indicate some active process. As I said, I cannot understand this one.

	confidencial - Subject to Scipula		
	Page 511		Page 513
1	said? Under "PERFORMANCE."	1	when I look to all these references and literature
2	MR. BROWN: Got it.	2	and reports, I got the impression that there should
3	THE WITNESS: So "Animal studies show	3	be more contraindications, but that is not my field
4	that implantationelicits a minimum to slight	4	where I wanted to point out that some patients
5	inflammation reaction, which is transient and is	5	should be mentioned there, but you asked me my
6	followed by the deposition of a thin fibrous layer	6	comments about this IFU. I think contraindications,
7	of tissue which can grow through the interstices of	7	that is a point for this.
8	the mesh, thus incorporating the mesh into adjacent	8	"Acceptable surgical practices should
9	tissue." I think this sentence does not reflect the	9	be followed in the presence of infected or
10	problem that might occur if you when you get a	10	contaminated wounds."
11	foreign body reaction with this size, with this	11	Q. Let me just make sure, too, so that
12	surface for such a long time in a contaminated	12	you're you know what my question is, is that
13	field. So all this all these aspects that may be	13	these are aspects that you're going to testify
14	a reason for concern, that is not mentioned in this	14	that's critical to the IFU.
15	sentence. And, thus, I think it gives a	15	MR. BROWN: So if there are places
16	insufficient impression of what can be expected.	16	you're not going to have him testify, Ben, then he
17	"The mesh remains soft and pliable."	17	doesn't need to go through that.
18	If you just see if you have ever seen one of	18	MR. ANDERSON: I was going to ask you
19	these explanted meshes packed into this fibrotic	19	that, but I didn't want to feel like I was
20	tissue, then you know that this can never be a	20	directing.
21	general statement, that the mesh remains soft and	21	So other than the contraindications,
22	pliable.	22	the warnings and precautions okay. Better
23	"Normal wound healing is not	23	question.
24	noticeably impaired." I think this is not true. It	24	Is there anything in the "ADVERSE
25	is an additional burden for some patients, at least	25	REACTIONS" section that you have any criticism or
_	D #10	+	D 514
	Page 512		Page 514
1	Page 512 for some patients, which leads to a collapse of	1	concerns about?
1 2	_	1 2	_
	for some patients, which leads to a collapse of		concerns about?
2	for some patients, which leads to a collapse of their local wound healing, leading to some	2	concerns about?  MR. BROWN: Fair enough. Let me ask
2 3	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.	2	concerns about?  MR. BROWN: Fair enough. Let me ask it.
2 3 4	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this.	2 3 4	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that
2 3 4 5	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether	2 3 4 5	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:
2 3 4 5 6	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.	2 3 4 5 6	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.
2 3 4 5 6 7	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I	2 3 4 5 6 7	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with
2 3 4 5 6 7 8	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not.	2 3 4 5 6 7 8	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the
2 3 4 5 6 7 8 9 10	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.	2 3 4 5 6 7 8 9 10	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?
2 3 4 5 6 7 8 9 10 11	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than	2 3 4 5 6 7 8 9 10 11	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words,
2 3 4 5 6 7 8 9 10 11 12 13	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.	2 3 4 5 6 7 8 9 10 11 12 13	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet
2 3 4 5 6 7 8 9 10 11 12 13 14	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.	2 3 4 5 6 7 8 9 10 11 12 13	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."
2 3 4 5 6 7 8 9 10 11 12 13 14 15	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.  MR. ANDERSON: All right.	2 3 4 5 6 7 8 9 10 11 12 13 14	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."  THE WITNESS: So not any longer
2 3 4 5 6 7 8 9 10 11 12 13 14 15	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.  MR. ANDERSON: All right.  THE WITNESS: "Or weakening by the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."  THE WITNESS: So not any longer "WARNINGS AND PRECAUTIONS"?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.  MR. ANDERSON: All right.  THE WITNESS: "Or weakening by the action of tissue enzymes."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."  THE WITNESS: So not any longer "WARNINGS AND PRECAUTIONS"?  MR. ANDERSON: Right. Just "ADVERSE
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.  MR. ANDERSON: All right.  THE WITNESS: "Or weakening by the action of tissue enzymes."  MR. BROWN: Just so it's not you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."  THE WITNESS: So not any longer "WARNINGS AND PRECAUTIONS"?  MR. ANDERSON: Right. Just "ADVERSE REACTIONS."
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.  MR. ANDERSON: All right.  THE WITNESS: "Or weakening by the action of tissue enzymes."  MR. BROWN: Just so it's not you testifying, let me just make sure.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."  THE WITNESS: So not any longer "WARNINGS AND PRECAUTIONS"?  MR. ANDERSON: Right. Just "ADVERSE REACTIONS." Just read those.  THE WITNESS: Not this one?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.  MR. ANDERSON: All right.  THE WITNESS: "Or weakening by the action of tissue enzymes."  MR. BROWN: Just so it's not you testifying, let me just make sure. BY MR. BROWN:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."  THE WITNESS: So not any longer "WARNINGS AND PRECAUTIONS"?  MR. ANDERSON: Right. Just "ADVERSE REACTIONS." Just read those.  THE WITNESS: Not this one?  MR. ANDERSON: No, no. Well, unless
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.  MR. ANDERSON: All right.  THE WITNESS: "Or weakening by the action of tissue enzymes."  MR. BROWN: Just so it's not you testifying, let me just make sure. BY MR. BROWN:  Q. When you said "less likely than not,"	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."  THE WITNESS: So not any longer "WARNINGS AND PRECAUTIONS"?  MR. ANDERSON: Right. Just "ADVERSE REACTIONS." Just read those.  THE WITNESS: Not this one?  MR. ANDERSON: No, no. Well, unless you see something.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.  MR. ANDERSON: All right.  THE WITNESS: "Or weakening by the action of tissue enzymes."  MR. BROWN: Just so it's not you testifying, let me just make sure. BY MR. BROWN:  Q. When you said "less likely than not," does that mean less likely than not true?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."  THE WITNESS: So not any longer "WARNINGS AND PRECAUTIONS"?  MR. ANDERSON: Right. Just "ADVERSE REACTIONS." Just read those.  THE WITNESS: Not this one?  MR. ANDERSON: No, no. Well, unless you see something. BY MR. BROWN:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.  MR. ANDERSON: All right.  THE WITNESS: "Or weakening by the action of tissue enzymes."  MR. BROWN: Just so it's not you testifying, let me just make sure. BY MR. BROWN:  Q. When you said "less likely than not," does that mean less likely than not true?  A. It is more likely than not that it's	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."  THE WITNESS: So not any longer "WARNINGS AND PRECAUTIONS"?  MR. ANDERSON: Right. Just "ADVERSE REACTIONS." Just read those.  THE WITNESS: Not this one?  MR. ANDERSON: No, no. Well, unless you see something.  BY MR. BROWN:  Q. Doctor, if you plan on testifying
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	for some patients, which leads to a collapse of their local wound healing, leading to some complications at least for some, compromises.  "The material is not absorbed." I would accept I would agree in a certain time point, there is no complete absorption to this. But, you know, I think it is I wonder whether this is helpful.  Not "subject to degradation." I think this is, from my point, less likely than not. I hope I placed the "it" correctly.  MR. ANDERSON: It's less likely than not that this is true.  THE WITNESS: Okay.  MR. ANDERSON: All right.  THE WITNESS: "Or weakening by the action of tissue enzymes."  MR. BROWN: Just so it's not you testifying, let me just make sure. BY MR. BROWN:  Q. When you said "less likely than not," does that mean less likely than not true?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	concerns about?  MR. BROWN: Fair enough. Let me ask it.  MR. ANDERSON: You ask it.  BY MR. BROWN:  Q. What I want to know is anything that you're going to testify to that is critical to the IFU.  So do you have any concerns with regard to the "ADVERSE REACTIONS" section in the IFU?  MR. ANDERSON: So in other words, just direct your attention to those two bullet points under "ADVERSE REACTIONS."  THE WITNESS: So not any longer "WARNINGS AND PRECAUTIONS"?  MR. ANDERSON: Right. Just "ADVERSE REACTIONS." Just read those.  THE WITNESS: Not this one?  MR. ANDERSON: No, no. Well, unless you see something. BY MR. BROWN:

	Confidencial - Subject to Scipula	_	
	Page 515		Page 517
1	MR. ANDERSON: Well, I'm going to not	1	you're not an expert how mesh specifically leads to
2	ask him about any criticisms under	2	complications in pelvic floor repair; is that
3	"CONTRAINDICATIONS" and "WARNINGS AND PRECAUTIONS."	3	correct?"
4	I'm going to leave that to the urogyns. I'm going	4	Objection by me.
5	to ask him, though, if he has any issues with regard	5	You said, "I don't think so, no."
6	to the "ADVERSE REACTIONS" section.	6	Do you remember when he asked you
7	BY MR. BROWN:	7	yesterday the question, you're not an expert how
8	Q. Doctor, do you have any concerns or	8	mesh specifically leads to complications in pelvic
9	critiques with regard to the "ADVERSE REACTIONS"	9	floor repair? Do you remember that?
10	section of the IFU?	10	A. I remember that.
11	MR. ANDERSON: In fact, I'm not going	11	Q. What was your understanding as to
12	to ask him about "ADVERSE REACTIONS" either. That's	12	what he was asking you?
13	really a urogyn field. I don't think that's	13	A. My answer referred to his sentence,
14	appropriate.	14	am I correct, that you are not an expect please,
15	So we're done. I got one question or	15	let me have
16	two. Okay?	16	Q. "Doctor, you are not an expert how
17	MR. BROWN: Let me just ask very	17	mesh specifically leads to complications in pelvic
18	quickly.	18	floor repair?"
19	(A di	19	A. Okay. So the next sentence, "is that
20	(A discussion off the record	20	correct," your assumption that I am not an expert,
21	occurred.)	21	and so was my understanding of this phrase. And,
22	MR. BROWN: I am going to have to	22	therefore, I answered with "no," you are not correct
23	keep the deposition open, because there's a thousand	23	when you say I am not an expert, because I believe
24	explants, and so we can go down that at a later	24	that I'm an expert on the topic complications to
23	explains, and so we can go down that at a fact	23	meshes and complications to meshes that have been
	Page 516		Page 518
	1 uge 310		1 age 310
1	date.	1	used in the pelvic floor as well.
1 2	date.  MR. ANDERSON: All right. And I'll	1 2	used in the pelvic floor as well.  Q. Okay.
	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge		used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say
2 3 4	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that	2 3 4	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I
2 3 4 5	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt	2 3 4 5	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."
2 3 4 5 6	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or	2 3 4 5 6	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been
2 3 4 5 6 7	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you	2 3 4 5 6 7	used in the pelvic floor as well.  Q. Okay. A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct." And from my logic, therefore, no, you haven't been correct, to make it clear.
2 3 4 5 6 7 8	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce	2 3 4 5 6 7 8	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.
2 3 4 5 6 7 8	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that	2 3 4 5 6 7 8	used in the pelvic floor as well.  Q. Okay. A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct." And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in
2 3 4 5 6 7 8 9	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair	2 3 4 5 6 7 8 9	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in
2 3 4 5 6 7 8 9 10	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial,	2 3 4 5 6 7 8 9 10	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?
2 3 4 5 6 7 8 9 10 11 12	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that	2 3 4 5 6 7 8 9 10 11	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in
2 3 4 5 6 7 8 9 10 11 12 13	MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had	2 3 4 5 6 7 8 9 10 11 12 13	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative
2 3 4 5 6 7 8 9 10 11 12 13	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those	2 3 4 5 6 7 8 9 10 11 12 13	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert
2 3 4 5 6 7 8 9 10 11 12 13 14 15	MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those circumstances, then there may be the need to reopen	2 3 4 5 6 7 8 9 10 11 12 13 14	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert knowledge about the late or the consequences, what
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those circumstances, then there may be the need to reopen his deposition. But, otherwise, we're done, with	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert knowledge about the late or the consequences, what happens after implantation of a textile structure.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those circumstances, then there may be the need to reopen his deposition. But, otherwise, we're done, with those clarifications by both of us. I just have a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert knowledge about the late or the consequences, what happens after implantation of a textile structure.  Q. In the pelvic floor?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those circumstances, then there may be the need to reopen his deposition. But, otherwise, we're done, with those clarifications by both of us. I just have a couple of questions for him.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert knowledge about the late or the consequences, what happens after implantation of a textile structure.  Q. In the pelvic floor?  A. In the pelvic floor.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those circumstances, then there may be the need to reopen his deposition. But, otherwise, we're done, with those clarifications by both of us. I just have a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert knowledge about the late or the consequences, what happens after implantation of a textile structure.  Q. In the pelvic floor?  A. In the pelvic floor.  MR. ANDERSON: Thank you. No further
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those circumstances, then there may be the need to reopen his deposition. But, otherwise, we're done, with those clarifications by both of us. I just have a couple of questions for him.  MR. BROWN: All right.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert knowledge about the late or the consequences, what happens after implantation of a textile structure.  Q. In the pelvic floor?  A. In the pelvic floor.  MR. ANDERSON: Thank you. No further questions.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those circumstances, then there may be the need to reopen his deposition. But, otherwise, we're done, with those clarifications by both of us. I just have a couple of questions for him.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert knowledge about the late or the consequences, what happens after implantation of a textile structure.  Q. In the pelvic floor?  A. In the pelvic floor.  MR. ANDERSON: Thank you. No further questions.  MR. BROWN: Okay.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those circumstances, then there may be the need to reopen his deposition. But, otherwise, we're done, with those clarifications by both of us. I just have a couple of questions for him.  MR. BROWN: All right.  EXAMINATION	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert knowledge about the late or the consequences, what happens after implantation of a textile structure.  Q. In the pelvic floor?  A. In the pelvic floor.  MR. ANDERSON: Thank you. No further questions.  MR. BROWN: Okay.  (Deposition adjourned at
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those circumstances, then there may be the need to reopen his deposition. But, otherwise, we're done, with those clarifications by both of us. I just have a couple of questions for him.  MR. BROWN: All right.  EXAMINATION EXAMINATION BY MR. ANDERSON:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert knowledge about the late or the consequences, what happens after implantation of a textile structure.  Q. In the pelvic floor?  A. In the pelvic floor.  MR. ANDERSON: Thank you. No further questions.  MR. BROWN: Okay.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	date.  MR. ANDERSON: All right. And I'll just object to any more questioning of Dr. Klinge other than if, with this rolling production that we're getting and these promises of Norderstedt documents, if I were to show those to him or anything arises as a result of documents that you asked me to produce that I actually agree to produce and that raises any new opinions or something that may give rise to something that would not be fair to, let's say, blind side you with at trial, although I wouldn't try to do that, anything that would come as a surprise to you that you haven't had a chance to fully evaluate with him, under those circumstances, then there may be the need to reopen his deposition. But, otherwise, we're done, with those clarifications by both of us. I just have a couple of questions for him.  MR. BROWN: All right.  EXAMINATION	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	used in the pelvic floor as well.  Q. Okay.  A. So, therefore, I never wanted to say that I have no expert knowledge in this field, but I was just referred to your sentence, "am I correct."  And from my logic, therefore, no, you haven't been correct, to make it clear.  Q. Just to clear it then, Doctor.  Do you consider yourself an expert in the complications or injuries of surgical mesh in the pelvic floor, including the Prolift®?  A. I'm, of course, not an expert in doing the surgery or to avoiding some intraoperative complications, but, of course, I have expert knowledge about the late or the consequences, what happens after implantation of a textile structure.  Q. In the pelvic floor?  A. In the pelvic floor.  MR. ANDERSON: Thank you. No further questions.  MR. BROWN: Okay.  (Deposition adjourned at

		Page 519		Page 521
	1	CERTIFICATE	1	
	2			ERRATA
	3	I, ANN MARIE MITCHELL, a Notary	2	
	4	Public and Certified Court Reporter of the State of	3	PAGE LINE CHANGE
	5	New Jersey, do hereby certify that prior to the	4	
	6	commencement of the examination, PROF. DR. UWE	5	REASON
	7	KLINGE was duly sworn by me to testify to the truth,	6	
	8	the whole truth and nothing but the truth.	7	REASON
	9	I DO FURTHER CERTIFY that the	8	
	10	foregoing is a verbatim transcript of the testimony	9	REASON
	11	as taken stenographically by and before me at the	-	REASON
	12	time, place and on the date hereinbefore set forth,	10	DE LOON
	13	to the best of my ability.	11	REASON
	14	I DO FURTHER CERTIFY that I am	12	
	15	neither a relative nor employee nor attorney nor	13	REASON
	16	counsel of any of the parties to this action, and	14	
	17	that I am neither a relative nor employee of such	15	REASON
	18	attorney or counsel, and that I am not financially	16	
	19	interested in the action.	17	REASON
	20	interested in the detroin	18	
	21		19	REASON
	22		20	
	23	ANN MARIE MITCHELL, CRR, RDR, CCR	21	REASON
		Notary Number: 2356252	22	
	24	Notary Expiration: February 22, 2017	23	REASON
		CCR Number: 30XI00212000	24	
	25	CCR 1/umber: 30/1100212000	25	REASON
Į.			_	
		Page 520		Page 522
	1	Page 520 INSTRUCTIONS TO WITNESS	1	Page 522
	1 2		1 2	Page 522 ACKNOWLEDGMENT OF DEPONENT
,				•
	2	INSTRUCTIONS TO WITNESS  Please read your deposition over	2	ACKNOWLEDGMENT OF DEPONENT  I,, do hereby
	2	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You	2 3	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on	2 3 4	ACKNOWLEDGMENT OF DEPONENT  I,, do hereby certify that I have read the foregoing pages, 274 - 523, and that the same is a correct transcription of
	2 3 4 5	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.	2 3 4 5	ACKNOWLEDGMENT OF DEPONENT  I,, do hereby certify that I have read the foregoing pages, 274 - 523, and that the same is a correct transcription of the answers given by me to the questions therein
	2 3 4 5 6 7	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the	2 3 4 5 6	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to	2 3 4 5 6 7	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.	2 3 4 5 6 7 8 9	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the	2 3 4 5 6 7 8 9 10	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10	INSTRUCTIONS TO WITNESS  Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney	2 3 4 5 6 7 8 9	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition	2 3 4 5 6 7 8 9 10	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the	2 3 4 5 6 7 8 9 10 11 12 13	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	ACKNOWLEDGMENT OF DEPONENT  I,
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Please read your deposition over carefully and make any necessary corrections. You should state the reason in the appropriate space on the errata sheet for any corrections that are made.  After doing so, please sign the errata sheet and date it. It will be attached to your deposition.  It is imperative that you return the original errata sheet to the deposing attorney within thirty (30) days of receipt of the deposition transcript by you. If you fail to do so, the deposition transcript may be deemed to be accurate	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	ACKNOWLEDGMENT OF DEPONENT  I,

LINE			
	I		
 <del></del>	 		
	I		
	 I .		